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Illinois Register

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April	16, 1999 - Issue 16:	Through	March	31, 1999
July	16, 1999 - Issue 29:	Through	June	30, 1999
October	15, 1999 - Issue 42:	Through	September	30, 1999
January	14, 2000 - Issue 3:	Through	December	31, 1999 (Annual)

INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. The Register also contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current Register volume year and a Sections Affected Index listing by Title each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume year. Both indices are action coded and are designed to aid the public in monitoring rules.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State statute; and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies; is also published in the Register.

The Register is a weekly update to the *Illinois Administrative Code* (a compilation of the rules adopted by State agencies). The most recent edition of the Code along with the Register comprise the most current accounting of State agencies' rules.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1 et seq.].

REGISTER PUBLICATION SCHEDULE 1999

Issue #	Copy Due by 4:30 p.m.	Publication Date	Issue #	Copy Due by 4:30 p.m.	Publication Date
Issue 1	December 21, 1998	January 4, 1999 *	Issue 28	June 28	July 9
Issue 2	December 28	January 8	Issue 29	July 6 ***	July 16
Issue 3	January 4, 1999	January 15	Issue 30	July 12	July 23
Issue 4	January 11	January 22	Issue 31	July 19	July 30
Issue 5	January 19	January 29	Issue 32	July 26	August 6
Issue 6	January 25	February 5	Issue 33	August 2	August 13
Issue 7	February 1	February 16	Issue 34	August 9	August 20
Issue 8	February 8	February 19 **	Issue 35	August 16	August 27
Issue 9	February 16 ***	February 26	Issue 36	August 23	September 3
Issue 10	February 22	March 5	Issue 37	August 30	September 10
Issue 11	March 1	March 12	Issue 38	September 7 ***	September 17
Issue 12	March 8	March 19	Issue 39	September 13	September 24
Issue 13	March 15	March 26	Issue 40	September 20	October 1
Issue 14	March 22	April 2	Issue 41	September 27	October 8
Issue 15	March 29	April 9	Issue 42	October 4	October 15
Issue 16	April 5	April 16	Issue 44	October 12 ***	October 22
Issue 17	April 12	April 23	Issue 43	October 18	October 29
Issue 18	April 19	April 30	Issue 44	October 25	November 5
Issue 19	April 26	May 7	Issue 45	November 1	November 12
Issue 20	May 3	May 14	Issue 46	November 8	November 19
Issue 21	May 10	May 21	Issue 47	November 15	November 29 *
Issue 22	May 17	May 28	Issue 48	November 22	December 3
Issue 23	May 24	June 4	Issue 49	November 29	December 10
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Issue 25	June 7	June 18	Issue 51	December 13	December 24
Issue 26	June 14	June 25	Issue 52	December 20	December 31
Issue 27	June 21	July 2	Issue 1	December 27	January 7, 2000

* Monday following a state holiday.
** Tuesday following a state holiday.
*** Since the state holiday is a Monday, the deadline is Noon on Tuesday

Printed by authority of the State of Illinois
July 1999 – 650 – GA-009

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3)

Section Numbers:	Proposed Action:
310.110	Amend
310.130	Amend
310.290	Amend
310.530	Amend
310.540	Amend
310.Appendix B	Amend
310.Appendix C	Amend
310.Appendix D	Amend
310.Appendix G	Amend

4) Statutory Authority: Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a]

5) A Complete Description of the Subjects and Issues Involved: The following amendments to the Department of Central Management Services' Pay Plan reflect the Fiscal Year 2000 changes that affect those employees subject to the Schedule of Salary Grades and Merit Compensation Plan.

In Sections 310.110, 310.130, 310.290, 310.530, 310.540, 310.Appendices B, C, D and G, the dates are being revised to reflect the new fiscal year.

In Section 310.290, Out-of-State or Foreign Service Rate, the salary ranges are being revised to reflect the 3% increase for the Schedule of Salary Grades, Merit Compensation increase and Negotiated Rates.

The salary ranges of the Schedules for Salary Grades, Medical Administrators, Merit Compensation, and Broad-Banded Classes are being upgraded by 3%.

The Schedule of Salary Grades will include a Maximum Security Institutions Schedule which provides for an adjustment of $50 a month in addition to the general wage increase.

The new Residential Services Supervisor title is being added to the Broad-Banded Pay Range Classes Salary Schedule.

6) Will this proposed rule replace an emergency rule currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain any incorporations by reference? No

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

9) Are there any proposed amendments pending to this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
310.470	Amend	23 Ill. Reg. 5215
310.Appendix A, Table AA	Amend	23 Ill. Reg. 5300
310.Appendix A, Table H	Amend	23 Ill. Reg. 5300
310.Appendix A, Table J	Amend	23 Ill. Reg. 5300
310.Appendix A, Table O	Amend	23 Ill. Reg. 5300
310.Appendix A Table R	Amend	23 Ill. Reg. 5300
310.Appendix A, Table W	Amend	23 Ill. Reg. 5300
310.Appendix A, Table X	Amend	23 Ill. Reg. 5300
310.Appendix A, Table Y	Amend	23 Ill. Reg. 5300
310.Appendix A, Table Z	Amend	23 Ill. Reg. 5300
310.280	Amend	23 Ill. Reg. 5973
310.230	Amend	23 Ill. Reg. 6198
310.230	Amend	23 Ill. Reg. 6720

10) Statement of Statewide Objectives: These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code and do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
(217) 782-5601

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None. The Department of Central Management Services' Pay Plan extends only to Personnel Code employees under the jurisdiction of the Governor.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 1999

The inclusion of the Residential Service Supervisor title under Appendix G was not summarized in any Regulatory Agenda because it was not known at the time.

The full text of the proposed amendments are identical to the emergency amendments which begin on page 7171 in this issue of the *Illinois Register*:

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Riverboat Gambling

2) Code Citation: 86 Ill. Adm. Code 3000

3)

Section Numbers:	Proposed Action:
3000.230	Amendment
3000.232	New
3000.235	Amendment
3000.236	Amendment
3000.237	New
3000.500	Amendment
3000.510	Amendment
3000.1071	Amendment

4) Statutory Authority: Section 5(b)(3) and (c)(3) of the Riverboat Gambling Act [230 ILCS 10/5(b)(3) and (c)(3)]

5) A Complete Description of the Subjects and Issues Involved: There are five issues that are central to this rulemaking. First, although the Board's discretion is curtailed by the new Section 11.2 added to the Riverboat Gambling Act in P.A. 91-40 with respect to the renewal and location of the nonoperating license, the establishment of an entirely new gaming operation requires consideration of factors and approval by the Board just as with any other license in order to assure public safety and integrity of the operation. In the case of the relocated existing license under Section 11.2, it is expected that the number of background investigations and other requirements to be met shall be lessened as a result of the Board's approval of the original application and submission of required updated information by the licensee. Since State and local revenues from the license relocated under Section 11.2 can reasonably be projected to be in excess of $85,000,000 annually, in order to avoid delay it is essential that procedures be established, including a finding of preliminary suitability, assessment of the gambling operation, and final practice gaming sessions.

The second issue addressed is the transfer of ownership interests in light of the deletion in P.A. 91-40 of the provision automatically barring a person with one owner's license from owning more than 10% in another license (formerly 230 ILCS 10/7(a)(7)). In the absence of the standards provided in the new Section 3000.232, the Board would have no basis for regulating excessive industry consolidation and ownership of multiple licenses, resulting in potentially decreased competition, capital investment, and economic development harmful to Illinois. Section 3000.232 defines "undue economic concentration" and lists factors to be considered in weighing the consequences of ownership concentration.

Thirdly, P.A. 91-40 provides that owner's licenses renewed after May 1, 1998, are for a period of four years unless the Board sets a shorter

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

period. Section 3000.236 is amended to provide that if the Board restricts the term of the renewal to less than four years the licensee shall be provided notice and an opportunity for hearing. The new Section 3000.237 sets standards for restricted licenses and specifies annual fees and information required to be provided annually when a license is renewed for more than a year.

The fourth issue involves dockside gambling, which is permitted under P.A. 91-40, and the deletion of those conflicting provisions in Sections 3000.500 and 3000.510 relating to the requirement that a riverboat cruise while gambling is conducted. Cruising, if elected, will remain subject to Board approval.

Finally, with the elimination of cruising requirements, P.A. 91-40 changes the way the admission tax is calculated from $2 per person admitted per cruise to $2 for each admission. This change is reflected in Section 3000.1071 by incorporating the language of the new law. The loss of revenue to local governments as a result of this change in the admission tax will be, at minimum, partially offset by the expected increase in wagering tax revenue resulting from dockside gambling.

6) Will these proposed amendments replace any emergency amendments current in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
3000.100	Amendment	23 Ill. Reg. 3538; 3/26/99
3000.614	Amendment	23 Ill. Reg. 3538; 3/26/99
3000.631	New	23 Ill. Reg. 3538; 3/26/99
3000.660	Amendment	23 Ill. Reg. 3538; 3/26/99

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, place and manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit comments in writing concerning this proposed rulemaking not later than 45 days after publication of this notice in the *Illinois Register* to:

Mareile B. Cusack
Chief Counsel
Illinois Gaming Board

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENTS

160 N. LaSalle, Suite 3005
Chicago, Illinois 60601
(312) 814-4700 FAX (312) 814-8798

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities, and not for profit corporations affected: None

B) Reporting, bookkeeping, or other procedures required for compliance: Not applicable

C) Types of professional skills necessary for compliance: Not applicable

13) Regulatory Agenda on which this rulemaking was summarized: These proposed amendments were not included on either of the two most recent regulatory agendas because: they were just recently necessitated by the enactment of Senate Bill 1017, which was signed into law by the Governor as Public Act 91-40 on June 25, 1999.

The full text of the Proposed Amendments is identical to the Emergency Amendments published in this edition of the *Illinois Register* that begins on page 8194

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Low-Income Housing Tax Credit Allocation

2) Code Citation: 47 Ill. Adm. Code 350

3)

Section Numbers:	Proposed Action:
350.101	Amended
350.102	Amended
350.104	Amended
350.201	Amended
350.202	Amended
350.203	Amended
350.204	Amended
350.205	Amended
350.206	Amended
350.207	Amended
350.208	Renumbered, New
350.209	Renumbered, Amended
350.210	Amended
350.211	Amended
350.212	Amended
350.213	Amended
350.214	Amended
350.215	Repealed

4) Statutory Authority: Sections 7.19, 7.24g and 7.25 of the Illinois Housing Development Act [20 ILCS 3805/7.19, 7.24g and 7.25].

5) A Complete Description of the Subjects and Issues Involved: This Part sets forth the procedures for allocation of housing tax credit dollars under the Illinois Housing Developments Authority's Tax Credit Progam. The Tax Credit Program was created to comply with federal law and to assist in acquisition, construction and rehabilitation of affordable single-family and multifamily rental housing for low-income households.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part?No

10) Statement of Statewide Policy Objectives: These proposed amendments do not create, expand or modify a State mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested parties may submit comments, data, views

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

or arguments concerning this rulemaking in writing to:

Crystal S. Maher, Esq.
401 N. Michigan Ave., Suite 900
Chicago, Illinois 60611
312/836-5333

The Authority will consider all written comments received at the above address within 45 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These proposed amendments will have a favorable impact on small to midsize real estate developers and contractors.

B) Reporting, bookkeeping or other procedures required for compliance: No new requirements.

C) Types of professional skills necessary for compliance: No new professional skills needed.

13) Regulatory Agenda on which this rulemaking was summarized: December 1998

The full text of the Proposed Amendment begins on the next page:

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

TITLE 47: HOUSING AND COMMUNITY DEVELOPMENT
CHAPTER II: ILLINOIS HOUSING DEVELOPMENT AUTHORITY

PART 350
LOW-INCOME HOUSING TAX CREDIT ALLOCATION

SUBPART A: GENERAL RULES

Section
350.101 Purpose and Objectives
350.102 Definitions
350.103 Compliance with Federal Law
350.104 Severability

SUBPART B: LOW-INCOME HOUSING TAX CREDIT ALLOCATIONS

Section

Section
350.201 Authority to Reserve and Allocate ~~Issue~~ Tax Credits
350.202 Reservation and Allocation Pursuant to ~~Qualified~~ Allocation Plan
350.203 Application Process
350.204 Notice of Application
350.205 Reservation of Tax Credits ~~Authority-Review~~
350.206 ~~Allocation-Amount---~~Project Feasibility
350.207 Carryover Allocation ~~Approval-or-Rejection~~
350.208 Modifications ~~Extended-Use-Agreement~~
350.209 Extended Use Agreement ~~Project-Certification~~
350.210 Allocation of Tax Credits and Issuance of IRS Form 8609 ~~Tax--Credit Allocation~~
350.211 Projects with Tax-Exempt Bond Financing ~~Reservation-of-Tax-Credits for-Year-Other-Than-Current-Calendar-Year~~
350.212 Revocation of Reservation/Cancellation of Carryover Allocation ~~Reservations~~
350.213 Compliance Monitoring
350.214 Fees
350.215 Carryover Allocations (Repealed)

AUTHORITY: Sections 7.19, 7.24g and 7.25 of the Illinois Housing Development Act [20 ILCS 3805/7.19, 7.24g and 7.25].

SOURCE: Emergency rules adopted at 11 Ill. Reg. 6553, effective March 30, 1987, for a maximum of 150 days; emergency expired August 27, 1987; adopted at 11 Ill. Reg. 19271, effective November 17, 1987; amended at 13 Ill. Reg. 5947, effective April 18, 1989; Part repealed, new Part adopted by emergency action at 14 Ill. Reg. 5827, effective March 19, 1990, for a maximum of 150 days; emergency expired August 16, 1990; Part repealed, new Part adopted at 14 Ill. Reg. 14021, effective August 16, 1990; amended at 15 Ill. Reg. 17110, effective

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

November 13, 1991; emergency amendment at 16 Ill. Reg. 5369, effective March 3, 1992, for a maximum of 150 days; modified at 16 Ill. Reg. 9137, effective June 1, 1992; amended at 16 Ill. Reg. 11831, effective July 13, 1992; emergency amendment adopted at 21 Ill. Reg. 4023, effective March 17, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 9012, effective June 26, 1997; amended at 23 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL RULES

Section 350.101 Purpose and Objectives

This Part is being established to set forth the standards for the Allocation of Tax Credits by the ~~low-income--housing--tax-credits-by-the-Illinois-Housing Development~~ Authority as State Housing Credit Agency for the State pursuant to Section 7.24b ~~307.24~~ of the ~~Illinois-Housing-Development~~ Act and Section 42 of the Internal Revenue Code ~~(26--U.S.C.,--Section--42)~~ in connection with the acquisition, construction and rehabilitation of low income ~~low-income~~ housing.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.102 Definitions

"Act": The Illinois Housing Development Act [20 ILCS 3805].

"Allocation": The award of Tax Credits to a Project pursuant to Section 42.

~~"Applicable--Fraction":--The--lower--of-the-unit-fraction-or-the-floor space-fraction.--The-unit-fraction-is-the-number-of-low-income-housing units-divided-by-the-total-number-of-units-in-the-Project.--The--floor space--fraction--is-the-square-footage-of-the-low-income-housing-units divided-by-the-project's-total-square-footage.~~

"Allocation Plan": The Authority's Low Income Housing Tax Credit Qualified Allocation Plan, as required by Section 42 and approved by the Governor of Illinois, that sets forth the procedures and criteria used by the Authority in connection with the Allocation of Tax Credits.

"Application": An application in the form prescribed by the Authority ~~to-the-Authority-submitted-by-a-Sponsor,~~ for Tax Credits for a Project submitted to the Authority by an Owner, including the required supporting documentation.

"Authority": The Illinois Housing Development Authority.

"Authority Housing Credit Ceiling": The portion of the State Housing

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

Credit Ceiling available for Allocation by the Authority.

"Carryover Allocation": The conditional Allocation, pursuant to the provisions of Section 42(h)(1)(E), of a portion of the Authority Housing Credit Ceiling to a Project that is not expected to be placed in service in the year of the Allocation.

"Carryover Allocation Letter": The document from the Authority to an Owner making a Carryover Allocation to that Owner's Project and placing appropriate conditions on the Project.

"Compliance Period": The period indicated in the Project's Extended Use Agreement during which the Project is obligated to comply with the occupancy restrictions (both income and rent) of Section 42, notwithstanding the definition of "Compliance Period" in Section 42(i)(1).

"Credit Period": With respect to any building in a Project, the ~~The~~ period of 10 taxable years beginning with the taxable year in which the building ~~the Project~~ is placed in service or, at the election of the Owner, the following taxable ~~Sponsor, the succeeding~~ year.

"Extended Use Agreement": The agreement between the Authority and an Owner, binding upon all of the successors and assigns of such Owner, requiring that a Project comply with the requirements of Section 42, the Allocation Plan and the Authority.

"Forward Reservation": A Reservation from the Authority Housing Credit Ceiling for the year subsequent to any given calendar year.

~~"Governor": The Governor of the State of Illinois.~~

"Internal Revenue Code": The Internal Revenue Code of 1986 (26 USC ~~U.S.C. Section~~ 1 et seq.) and the ~~U.S. Treasury~~ regulations, notices, revenue rulings and other official pronouncements promulgated under it, all as they may be amended from time to time.

~~"Low Income": A household income that is less than or equal to 60% of the median income for the area in which a Project is located, as determined by the United Stated Department of Housing and Urban Development.~~

"Owner": The duly formed, validly existing entity submitting an Application and identified on the Application, that has applied to receive or has received an Allocation of Tax Credits for a Project.

~~"Part": This Part 350.~~

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

"Project": The qualified building or buildings (as defined in Section 42), to which the Owner has legal title or intends to have legal title for which a Reservation has been requested. ~~that are the subject of an Application.~~

~~"Qualified Allocation Plan": The Authority's qualified Allocation Plan required under Section 42.~~

"Reservation": The Authority's ~~conditional~~ Reservation of Tax Credits for a Project, as evidenced by a Reservation Letter.

"Reservation Letter": The letter from the Authority to an Owner conditionally binding the Authority to allocate Tax Credits in a specific amount for that Owner's Project.

"Section 42": Section 42 of the Internal Revenue Code ~~and the regulations and revenue rulings promulgated under it, all as they may be amended from time to time.~~

~~"Sponsor": An entity applying for or receiving Tax Credits for a Project pursuant to this Part.~~

"State": The State of Illinois.

~~"State Housing Credit Agency": The Authority.~~

"State Housing Credit Ceiling": The amount of Tax Credits available for Allocation in the State for any given calendar year, as defined ~~provided~~ in Section 42(h)(3).

"Tax Credits": Federal low income housing tax credits, as authorized by Section 42.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.104 Severability

If any clause, sentence, paragraph, subsection, Section, or Subpart of this Part is adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subsection, Section, or Subpart ~~thereof~~ as to which such judgment is rendered.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

SUBPART B: LOW-INCOME HOUSING TAX CREDIT ALLOCATIONS

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

NOTICE OF PROPOSED AMENDMENT

Section 350.201 Authority to Reserve and Allocate ~~Issue~~ Tax Credits

For each ~~any~~ calendar year, the Authority may make Reservations and Allocations ~~allocate Tax Credits~~ in an amount not to exceed the Authority Housing Credit Ceiling for that calendar year, as set forth in Section 42(h)(3), and Forward Reservations in an amount not to exceed a percentage, the amount of which is set forth in the Allocation Plan, of the Authority Housing Credit Ceiling for the subsequent calendar year, contingent upon the availability of the Authority Housing Credit Ceiling for the subsequent calendar year.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.202 Reservation and Allocation Pursuant to ~~Qualified~~ Allocation Plan

The Authority shall reserve and allocate Tax Credits only pursuant to and in compliance with the ~~Qualified~~ Allocation Plan.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.203 Application Process

An Owner ~~A Sponsor~~ may apply for an Allocation by submitting an Application to the Authority. For a Project to be eligible to be considered for a Reservation in an Application period, a complete, originally executed Application, including all required supporting information, must be received by the Authority by the deadline for that Application period, as specified in the Allocation Plan. Each Owner must submit a non-refundable Application fee, in the amount set forth in the Allocation Plan, with its Application. ~~on forms prescribed by the Authority setting forth the following information:~~

~~a) The name and location of the proposed Project;~~

~~b) The name, address and telephone number of the Sponsor, owner, attorney, architect, contractor and consultant;~~

~~c) A history of the Sponsor's experience in developing housing, and low-income housing in particular;~~

~~d) A complete description of the proposed Project, including but not limited to the number and type of units and a projected rent schedule, and identifying any proposed tenant populations with special housing needs;~~

~~e) The amount and status of the proposed financing for the Project, including a certification from the Sponsor certifying the amount of all federal, State and local subsidies which apply, or which the Sponsor expects to apply, with respect to the Project;~~

~~f) Percentage of low-income units, and the amount of floor space of such units, to be included in the Project;~~

~~g) The estimated total cost of the proposed Project, including the cost of land acquisition, the cost of construction, architects' fees, attorneys' fees, title insurance and all other costs associated with the Project;~~

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~~h) Dates of the Project's expected construction start and placement into service;~~

~~i) The amount of Tax Credits requested;~~

~~j) A certification from the Sponsor certifying to the Authority that all information contained in the Application and all accompanying information is true and accurate to the best of the Sponsor's knowledge; and~~

~~k) Any additional documentation of the information provided in the Application which the staff of the Authority may require in order to confirm the information in the Application, e.g., financing commitment, legal description of the Project, etc.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.204 Notice of Application

The Authority shall send a notification letter of its receipt of an Application, along with copies of the relevant sections of the Application and a copy of the Allocation Plan, to the chief elected official (or the equivalent official) ~~notice of each Application received to the chief executive officer (or the equivalent)~~ of the local jurisdiction within which the Project is to be located. That ~~The~~ official shall have 30 days from the date of notification to submit written comments on the Project. A copy of this notification letter will be sent to the Owner and will serve as the Authority's confirmation of receipt of the Owner's Application ~~in which to comment on the Project~~.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.205 Reservation of Tax Credits ~~Authority Review~~

The Authority shall review each complete Application and approve or reject it for a Reservation in accordance with the criteria set forth in the Allocation Plan and in compliance with Section 42. The Authority shall use a competitive scoring process in evaluating Applications, as set forth in the Allocation Plan. ~~The Authority's review of an Application shall include, but not be limited to, the following criteria:~~

~~a) Section 42 Requirements. The ability of the Project to meet the requirements of Section 42 and other applicable sections of the Internal Revenue Code throughout the Compliance Period;~~

~~b) Financial Feasibility. The financial feasibility of the Project, taking into the consideration the existing low-income housing in the area in which the Project will be located, the area's low-income housing needs, as determined by the Authority, the cost of the~~

~~Project,--the--projected--income--of--the--Project,-and-all-sources-of financing-for-the-Project,-including-owner's-equity;~~

~~c) Sponsor's--Ability.---The--ability--of--the--Sponsor--to--successfully construct--the--Project--and--place--it--in---service,---taking---into consideration--the--Sponsor's-schedule-submitted-with-the-Application, the-Sponsor's-experience-in--the--development--and--rehabilitation--of housing,-and-the-size-and-scope-of-the-Project;~~

~~d) Evidence--of--site--control--for--the--Project,--satisfactory--to--the Authority;~~

~~e) Location.---The--geographical--location--of-the-Project-in-relation-to other-Projects-for-which-the-Authority-has-allocated-Tax--Credits--for the--calendar-year.-The-Authority-will-not-approve-Projects-located-in a-constitutional-home-rule-unit-(as-defined-in--the--Internal--Revenue Code)-that-has-its-own-Tax-Credit-program-unless:~~

~~1) the-Sponsor-has-applied-for-housing-assistance-from-the-Authority or-another-State-agency;-or~~

~~2) the-constitutional-home-rule-unit-has-already-reserved-all-of-its Tax-Credits;-or~~

~~3) the--constitutional-home-rule-unit-has-requested-the-Authority-to consider-an-application-for-a-capital-project-located-within--the boundaries-of-the-constitutional-home-rule-unit;~~

~~f) Housing-Stock.--The-ability-of-the-Project-to-increase-the-quality-and quantity--of--housing-stock-and-redevelop-blighted-areas-or-to-prevent the-occurrence-of-slum-conditions;~~

~~g) Involuntary-Displacement.--For-rehabilitation--Projects,--the--Sponsor must--minimize-involuntary-displacement-of-current-low-income-tenants, taking--into--consideration--the--safety---of---the---tenants---during rehabilitation---and---the---scope---and---nature---of---the--proposed rehabilitation;~~

~~h) Government-Support.--Assistance-or--financial--support--from--federal, State,-or-local-governmental-units;~~

~~i) Non-Profit--Participation.---Material--participation--of--a--qualified nonprofit--organization--in--the--development--and--operation--of--the Project,-as-provided-in-Section-42;~~

~~j) Special--Needs-Populations.--The-availability-and-accessibility-of-the Project--for--the--physically--handicapped,--the--mentally--ill,---the developmentally--disabled--or--other--special--needs--populations,--as required-by-federal-and-State-law;~~

~~k) Tax-Credit-Dollar-Amount.--The-amount-of-Tax-Credits-necessary-to-make the-Project-economically-feasible,-as-determined-by-the-Authority;~~

~~l) Compliance--Period.---Whether--the--Compliance--Period--of-the-Project exceeds-the-minimum-requirements-of-Section-42;~~

~~m) Lower-Income-Tenants.--The-ability-of-the--Project--to--serve--tenants with--incomes--less--than-the-maximum-low-income-for-the-area-in-which the-Project-will--be--located,--as--determined--by--the--Authority--in evaluating-the-Project's-proposed-rent-schedule;~~

~~n) Public--Housing--Waiting--Lists.---The--availability-of-the-Project-to low-income-households-who-have-applied-for-public--housing--and--whose name-is-on-a-waiting-list-maintained-by-a-public-housing-authority,-as certified-by-the-Sponsor-in-the-application;-and~~

~~o) Preservation.---The--ability-of-the-Sponsor-to-continue-to-provide-low income-housing-for--housing--developments--currently--eligible--to--be converted--to--market-rate-housing.--The-Sponsor-shall-provide-written evidence-of-the--development's--eligibility--for--conversion--and--the development's-economic-feasibility-in-the-event-of-such-conversion.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.206 ~~Allocation-Amount~~---Project Feasibility

The Authority shall not allocate Tax Credits to a Project in an amount greater than the amount the Authority determines is necessary for the financial feasibility of the Project and its viability as a qualified Project ~~low-income housing--project~~ throughout the Credit Period. In making this determination, the Authority shall consider the sources and uses of funds and the total amount of financing for the Project as of the date of Reservation and as of the~~:--a) The-date-of-the-conditional-Reservation-of-the-Tax-Credits-for-the-Project;-and b)-The~~ date the Project is placed in service.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.207 Carryover Allocation ~~Approval-or-Rejection~~

Upon the request of an Owner, for a Project that will not be placed in service during the year in which a Reservation Letter is issued, the Authority will grant a Carryover Allocation if the Project is expected to be placed into service no later than the end of the second year following the year in which the Carryover Allocation is made. The Authority will grant a Carryover Allocation if the Project satisfies the criteria set forth in the Allocation Plan.

~~a) Upon-completion-of-its-review-of-an-Application,-the--Authority--shall notify--the--Sponsor--in--writing--of-its-approval-or-rejection-of-the Application,-considering-the-availability-of-Tax-Credits,-the-need-for low-income--housing--throughout--the--State,--as--determined--by---the Authority,--based--on--census-data,-social-surveys,-published-data,-or on-site--inspections,--the--geographic--distribution--of--Tax--Credits throughout-the-State,-the-information-contained--in--the--Application, comments--received-pursuant-to-Section-350.204,-and-any-other-criteria set-forth-in-the-Qualified-Allocation-Plan.~~

~~b) Upon-the-approval-of-an--Application,--the--Authority--shall--issue--a Reservation---better--conditionally--reserving--Tax--Credits--for--the Project.~~

~~c) The-conditional-Reservation-letter--shall--set--forth--the--terms--and conditions--upon--which--the--Tax--Credits--will--be--allocated-to-the~~

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~~Project, including, but not limited to:~~

~~1) Full compliance by both the Sponsor and the proposed Project with Section 42 and other applicable sections of the Internal Revenue Code;~~

~~2) Certification from the Sponsor certifying to the Authority that the Sponsor and the Project are in full compliance with Section 42 and other applicable sections of the Internal Revenue Code and will continue to be in such compliance for such time as required by the Internal Revenue Code;~~

~~3) Certification from the Sponsor that there will be no change in the Sponsor, the Sponsor's organizational structure or the structure of the Project without the prior written approval of the Authority;~~

~~4) Execution of an Extended Use Agreement pursuant to Section 305.200 of this Part.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.208 Modifications ~~Extended Use Agreement~~

Any modification or change of any nature to Projects that have received Reservations, including, but not limited to, changes in ownership, changes in the Project characteristics or changes in the factors on which scoring decisions were made, will result in a reevaluation of the Application, and may result in revocation of the Reservation. Any modification or change must conform with Section 42. Requests for a modification or change in a Project must be made in writing, must be accompanied by the appropriate processing fee in the amount set forth in the Allocation Plan, and must state the reason for the modification or change. The Authority shall notify the Owner in writing of the results of its review. The Owner's failure to notify the Authority of any change or modification to a Project may result in the revocation of the Reservation Letter for the Project.

(Source: Old Section 350.208 renumbered to Section 350.209 and new Section 350.208 added at 23 Ill. Reg. _____, effective _____)

Section 350.209 Extended Use Agreement ~~Project Certification~~

An Owner ~~The Sponsor~~ and the Authority shall enter into an Extended Use Agreement that sets forth a Project's income and occupancy restrictions before the Authority issues an IRS Form 8609 to a Project. The Extended Use Agreement shall be recorded prior to all other documents evidencing or securing the financing provided in connection with the Project ~~allocates Tax Credits to the Project. Pursuant to such Agreement, the Sponsor and its successors and assigns shall be required to meet the Applicable Fraction of low income occupancy requirements of Section 42 for a period of at least fifteen (15)~~

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~~years beyond the Compliance Period. The Agreement shall contain any language necessary to comply with the requirements of Section 42(h)(6) and shall be recorded~~ in the office of the Recorder of Deeds in the county where the Project is located as a restrictive covenant on the real estate on which the Project is located.
~~As of the date the Project is placed in service, the Sponsor shall certify to the Authority as to all amounts of federal, State and local subsidies which apply, or which the Sponsor expects to apply, with respect to the Project. The Sponsor shall further certify as to the Sponsor's and the Project's compliance with Section 42 and other applicable sections of the Internal Revenue Code and shall provide to the Authority any documentation submitted to the Internal Revenue Service which establishes compliance with the requirements of Section 42 and other applicable sections of the Internal Revenue Code.~~

(Source: Old Section 350.209 repealed, and new Section 350.209 renumbered from Section 350.208 and amended, at 23 Ill. Reg. _____, effective _____)

Section 350.210 Allocation of Tax Credits and Issuance of IRS Form 8609 ~~Tax Credit Allocation~~

The Authority shall make an Allocation to each Project after the Owner establishes to the Authority's satisfaction that the Owner and the Project are in compliance with all the requirements of Section 42, all other applicable sections of the Internal Revenue Code and the Allocation Plan. Once the Authority determines, in its sole discretion, that the Project qualifies for an Allocation the Authority shall issue to the Owner an IRS Form 8609 for each building in a Project.
~~After acceptance of Sponsor's Application and receipt by the Authority of all requested documentation, in a format acceptable to the Authority, which establishes to the satisfaction of the Authority that the Sponsor and the Project are in compliance with all the requirements of Section 42 and other applicable sections of the Internal Revenue Code, the Authority shall allocate Tax Credits to the Project and send Form 8609 to the Internal Revenue Service notifying it of the Allocation of Tax Credits for the Project.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.211 Projects with Tax-Exempt Bond Financing ~~Reservation of Tax Credits for Year Other Than Current Calendar Year~~

Pursuant to Section 42, Projects to be financed with the proceeds of tax-exempt bonds are not required to receive an Allocation from the Authority Housing Credit Ceiling. The Authority shall accept Applications, issue determination letters in place of Reservation Letters and issue IRS Forms 8609 for Projects financed with the proceeds of tax-exempt bonds if the Projects qualify under the Section 42 and meet the requirements set forth in the Allocation Plan. ~~The~~

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~~Authority may approve a Sponsor's Application for a calendar year subsequent to the year of the Application, thereby reserving the Tax Credits from the Authority Housing Credit Ceiling for the subsequent year, if the Project meets the requirements of this Part. Such approval shall be contingent upon the availability of the Authority Housing Credit Ceiling for the subsequent year.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.212 Revocation of Reservation/Cancellation of Carryover Allocation ~~Reservations~~

Prior to issuance of IRS Forms 8609, the Authority may revoke a Reservation or cancel a Carryover Allocation for a Project as provided in the Allocation Plan, or under such other conditions as may be determined by the Authority in its sole discretion. If a Reservation is revoked or a Carryover Allocation canceled, all fees paid to the Authority in conjunction with the Application, the Reservation, the Carryover Allocation or modification of the Project will be retained by the Authority.
~~The Authority reserves the right to revoke Reservations if a Sponsor fails to place the Project in service in the calendar year for which the Tax Credits have been reserved, or fails to meet the requirements for a carryover Allocation, as set forth in Section 42, or if the Project would otherwise not comply with Section 42 and other applicable sections of the Internal Revenue Code or with this Part.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.213 Compliance Monitoring

The Authority shall monitor the Project for compliance with Section 42 in accordance with the procedures set forth in Allocation Plan. If the Authority discovers that a Project which has received an Allocation is not in compliance with Section 42, the Authority shall notify the Internal Revenue Service of that noncompliance by the issuance of IRS Form 8823. This compliance monitoring shall ~~will~~ be effective for all Projects regardless of the date of Allocation. The Authority will charge the Owner an annual compliance monitoring free in the amount set forth in the Allocation Plan ~~may charge the Sponsor an administrative fee not to exceed the greater of $100 per year or $7.50 per unit per year for administrative costs incurred by the Authority in monitoring compliance. This fee will be in addition to the fees set forth in Section 350.214 of this Part.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.214 Fees

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The Owner ~~Sponsor~~ shall pay ~~the following~~ non-refundable fees to the Authority in the amounts set forth in the Allocation Plan to cover the administrative costs incurred by the Authority in connection with its administration of the Tax Credit program. ~~in connection with its Application:~~

~~a) An Application fee in the amount of $500 for Projects having 25 or fewer units and $1,000 for Projects having more than 25 units. If the Sponsor is applying as a non-profit Project, as provided in Section 42, the Application fee shall be $500 regardless of the number of units in the Project.~~

~~b) A Reservation fee of $500 or 6.5% of the amount of the Reservation for the Project, whichever is greater, upon the issuance of a letter from the Authority to the Sponsor conditionally reserving Tax Credits in a specific amount for the Project. In the case of Projects financed with tax exempt bonds, the fee shall be 6.5% of the amount of the Tax Credits for which the Authority determines, pursuant to Sections 350.203 and 350.205 of this Part, the Project is eligible.~~

~~c) If the Sponsor requests an increase in the amount of Tax Credits for a Project, an increase fee of $1,000.~~

~~d) A modification fee equal to:~~

~~1) $250 for requests for changes in the name or ownership structure of the Sponsor, or for extensions of time for meeting conditions set forth in the Reservation Letter;~~

~~2) $500 for requests for modifications in the characteristics of the Project; and~~

~~3) $1,000 for issuance of an amended Form 8609 to the Internal Revenue Service due to errors in the submission of the documentation required by Section 350.210 of this Part and the Qualified Allocation Plan.~~

~~e) If the Sponsor requests that the Authority do a subsidy layering review that is required by HUD, a fee of $500.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 350.215 Carryover Allocations (Repealed)

~~If a Sponsor is unable to place its Project in service in the year in which it receives a Reservation, it may apply to the Authority for a carryover Allocation reserving the Tax Credits for the Project for two additional years, subject to the requirements of Section 42. If the Authority determines that the Project has met the carryover Allocation requirements of Section 42, the Authority shall issue a carryover Allocation Letter carrying over the Reservation for two additional years.~~

(Source: Repealed at 23 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3) Section Numbers: 148.140 — Proposed Action: Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 91-0020 and Public Act 91-0024

5) Complete Description of the Subjects and Issues Involved: These proposed amendments to the Department's rules concerning hospital outpatient services are necessary to provide certain reimbursement and procedural changes for services under the Ambulatory Procedure Listing (APL) groupings as required by Public Act 91-0020, effective July 1, 1999. The revisions add clarifications about rates of payment for outpatient rehabilitation services provided by hospitals enrolled with the Department to provide inpatient physical rehabilitation services, and hospitals that are not enrolled to provide such services, and specify that reimbursement for each APL grouping shall be at an all-inclusive rate regardless of the hospital charges. Other changes allow hospitals to bill the Department separately, on a fee-for-service basis, for the professional services of certain providers of APL care who are salaried by the hospital. These changes will allow for parity by providing necessary reimbursement to hospitals since unsalaried providers are able to bill directly for their services, enabling the hospital to fully retain APL reimbursements. These proposed changes are a component of the Department's overall outpatient reform measures and are necessary to insure adequate reimbursement for essential medical services.

These proposed amendments concerning hospital outpatient services are expected to result in a budgetary increase of $65.6 million for fiscal year 2000.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? Yes

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
148.140	Amendment	July 2, 1999 (23 Ill. Reg. 7475)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

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11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
217/524-0081.

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

Any interested persons may review these proposed amendments at the Illinois Department of Human Services' local offices located in each county (except Cook County). In Cook County, the amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, and the Office of the Secretary, Illinois Department of Human Services, both located at 401 South Clinton, Seventh Floor, Chicago, Illinois. The amendments may be reviewed at all offices Monday through Friday from 8:30 A.M. until 5:00 P.M.. These copies of the amendments are being made available for review in accordance with federal requirements at 42 CFR 447.205.

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Providers of hospital outpatient services will be affected by this rulemaking. The Department is unsure whether or not any of the affected entities may qualify as small businesses.

B) Reporting, bookkeeping or other procedures required for compliance:

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None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: It was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the proposed amendments is identical to the text of the emergency amendments that appears on page 8215 in this issue of the *Illinois Register*:

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NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Long Term Care Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 153

3) Section Numbers: Proposed Action:
153.100 Amendment
153.125 Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 91-0020 and Public Act 91-0024

5) Complete Description of the Subjects and Issues Involved: These proposed amendments to the Department's rules regarding long term care reimbursement are necessary to provide certain reimbursement increases as required under Public Act 91-0020 and Public Act 91-0024.

Proposed changes in Section 153.100 provide for interim inspections of care (IOC) for intermediate care facilities for persons with developmental disabilities (ICF/MR), upon the facility's written request, if there has been a change in the resident population of a least 25 percent. Similar provisions are allowed for providers of developmental training services. These changes will provide for equitable rates relative to resident population levels.

Proposed changes to Section 153.125 provide for rate increases for nursing facilities (SNF/ICF) and ICF/MR facilities. These long term care facilities, as well as developmental training agencies, will receive an increase of 1.6 percent for services provided on or after July 1, 1999. For ICF/MR facilities, rates shall be increased by an additional $3.00 per resident day, and for developmental training services, rates shall be increased by an additional $10.02 per person, per month.

The Department anticipates a budgetary increase of $25.5 million for fiscal year 2000 as a result of these changes affecting nursing facilities.

For the Department of Human Services, the changes affecting ICF/MR services are expected to result in an increase of $12 million for fiscal year 2000.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

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10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones, Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
217/524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

Any interested persons may review these proposed amendments at the Illinois Department of Human Services' local offices located in each county (except Cook County). In Cook County, the amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, and the Office of the Secretary, Illinois Department of Human Services, both located at 401 South Clinton, Seventh Floor, Chicago, Illinois. The amendments may be reviewed at all offices Monday through Friday from 8:30 A.M. until 5:00 P.M. These copies of the amendments are being made available for review in accordance with federal requirements at 42 CFR 447.205.

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Long term care facilities and development training agencies will be affected by this rulemaking. The Department is unsure whether or not any of the

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affected entities may qualify as small businesses.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which this Rulemaking Was Summarized: This rulemaking was not included on either of the two most recent agendas because: This rulemaking was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the proposed amendments is identical to the text of the emergency amendments that appears in this issue of the *Illinois Register* on page 8231 :

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1) Heading of the Part: Specialized Health Care Delivery Systems

2) Code Citation: 89 Ill. Adm. Code 146

3) Section Numbers: 146.130 — Proposed Action: Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Complete Description of the Subjects and Issues Involved: These proposed amendments to the Department's rules concerning Ambulatory Surgical Treatment Centers (ASTCs) provide clarifications on reimbursement for Ambulatory Procedure Listing (APL) services that are provided in ASTCs. These amendments are intended as companion amendments to proposed amendments that are also being filed at 89 Ill. Adm. Code 148.140, Hospital Outpatient and Clinic Services, pursuant to the fiscal year 2000 budget plan under Public Act 91-0020. These changes are a component of the Department's overall outpatient reform measures and are necessary to insure adequate reimbursement for essential medical services.

These proposed changes concerning ASTCs will not result in any budgetary changes. However, the related amendments affecting APL services as described at 89 Ill. Adm. Code 148.140 are expected to result in a budgetary increase of $65.6 million for fiscal year 2000.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002

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The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

Any interested persons may review these proposed amendments at the Illinois Department of Human Services' local offices located in each county (except Cook County). In Cook County, the amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, and the Office of the Secretary, Illinois Department of Human Services, both located at 401 South Clinton, Seventh Floor, Chicago, Illinois. The amendments may be reviewed at all offices Monday through Friday from 8:30 A.M. until 5:00 P.M. These copies of the amendments are being made available for review in accordance with federal requirements at 42 CFR 447.205.

These proposed amendments may have an impact on small businesses, small municipalities, and not-for- profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Ambulatory Surgical Treatment Centers will be affected by this rulemaking. The Department is unsure whether or not any of the affected entities may qualify as small businesses.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which this Rulemaking Was Summarized: This rulemaking was not included on either of the 2 most recent agendas because: The rulemaking was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the proposed amendments is identical to the text of the

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NOTICE OF PROPOSED AMENDMENTS

emergency amendments that appears in this issue of the *Illinois Register* on page 8238.

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NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Ambulatory Surgical Treatment Center Licensing Requirements

2) Code Citation: 77 Ill. Adm. Code 205

3)

Section Numbers:	Proposed Action:
205.115	Amendments
205.1360	Amendments
205.1370	Amendments
205.1380	Amendments
205.1770	Amendments

4) Statutory Authority: Ambulatory Surgical Treatment Center Act [210 ILCS 5]

5) A Complete Description of the Subjects and Issues Involved: The rules in Part 205 govern the licensure of ambulatory surgical treatment centers. Incorporated and referenced materials are being updated in Section 205.115. The Life Safety Code is updated to the 1997 edition. Four new NFPA codes have been added: No. 101A (1995): Alternative Approaches to Life Safety Code; No. 72 (1996): National Fire Alarm Code; No. 99 (1996): Healthcare Facilities Handbook; No. 241 (1996): Safeguarding Construction, Alternative, and Demolition of Operations Code.

Requirements for examination rooms, procedure rooms for both sterile and non-sterile areas, and recovery rooms are being amended in Section 205.1360. Requirements for support service areas are clarified in Section 205.1370. In Section 205.1380 (Diagnostic Facilities), requirements for radiographic suites are expanded. References to incorporated materials are updated in Section 205.1770 (Equipment Installation in Special Areas). A new requirement for an "in use" warning light is added for procedure rooms where laser equipment is used if the manufacturer's specifications require such light.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? Yes

9) Are there any other proposed rulemakings pending on this Part? No

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10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the *Illinois Register* by writing to:

Ms. Gail M. DeVito
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield Illinois 62761
(217) 782-2043 [rules@idph.state.il.us]

These rules may have an impact on small businesses. In accordance with Section 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A Type of Small Business, Small Municipalities and Not-for-Profit Corporations Affected: Ambulatory surgical treatment centers.

B) Reporting Bookkeeping or Other Procedures Required for Compliance: None

C) Types of Professional Skills Necessary for Compliance: Architectural

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: the needfor the rulemaking was not apparent at that time.

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES

PART 205
AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section
205.110 Definitions
205.115 Incorporated and Referenced Materials
205.118 Conditions of Licensure
205.120 Application for Initial Licensure
205.125 Application for License Renewal
205.130 Approval of Surgical Procedures

SUBPART B: OWNERSHIP AND MANAGEMENT

Section
205.210 Ownership, Control and Management
205.220 Organizational Plan
205.230 Standards of Professional Work
205.240 Policies and Procedures Manual

SUBPART C: PERSONNEL

Section
205.310 Personnel Policies
205.320 Presence of Qualified Physician
205.330 Nursing Personnel
205.340 Basic Life Support
205.350 Laboratory Services

SUBPART D: EQUIPMENT, SUPPLIES, AND FACILITY MAINTENANCE

Section
205.410 Equipment
205.420 Sanitary Facility

SUBPART E: GENERAL PATIENT CARE

Section
205.510 Emergency Care
205.520 Preoperative Care
205.530 Operative Care
205.540 Postoperative Care

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SUBPART F: RECORDS AND REPORTS

Section
205.610 Clinical Records
205.620 Statistical Data

SUBPART G: LIMITED PROCEDURE SPECIALTY CENTERS

Section
205.710 Pregnancy Termination Specialty Centers
205.720 Personnel (Repealed)
205.730 General Patient Care (Repealed)
205.740 Preoperative Requirements (Repealed)
205.750 Postoperative Requirements (Repealed)
205.760 Reports (Repealed)

SUBPART H: LICENSURE PROCEDURES

Section
205.810 Complaints
205.820 Notice of Violation
205.830 Plan of Correction
205.840 Adverse Licensure Action
205.850 Fines and Penalties
205.860 Hearings

SUBPART I: BUILDING DESIGN, CONSTRUCTION STANDARDS, AND PHYSICAL REQUIREMENTS

Section
205.1310 Plant and Service Requirements
205.1320 General Considerations
205.1330 New Construction, Additions and Major Alterations
205.1340 Minor Alterations and Remodeling Changes
205.1350 Administration Department and Public Areas
205.1360 Clinical Facilities
205.1370 Support Service Areas
205.1380 Diagnostic Facilities
205.1390 Other Building Services
205.1400 Details and Finishes
205.1410 Construction, Including Fire Resistive Requirements, and Life Safety

SUBPART J: MECHANICAL

Section
205.1510 General
205.1520 Thermal and Acoustical Insulation
205.1530 Steam and Hot Water Systems

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205.1540 Air Conditioning, Heating and Ventilating Systems

SUBPART K: PLUMBING AND OTHER PIPING SYSTEMS

Section
205.1610 General
205.1620 Plumbing Fixtures
205.1630 Water System
205.1640 Drainage Systems
205.1650 Identification

SUBPART L: ELECTRICAL

Section
205.1710 General
205.1720 Switchboards and Power Panels
205.1730 Panelboards
205.1740 Lighting
205.1750 Receptacles (Convenience Outlets)
205.1760 Grounding
205.1770 Equipment Installation in Special Areas
205.1780 Emergency Electric Service
205.1790 Fire Alarm System

TABLE A General Pressure Relationships and Ventilation Rates of Ambulatory Surgery Area

AUTHORITY: Implementing and authorized by the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

SOURCE: Amended July 18, 1974; emergency amendment at 3 Ill. Reg. 10, p. 43, effective February 23, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 30, p. 371, effective July 23, 1979; amended at 5 Ill. Reg. 12756, effective November 4, 1981; amended at 6 Ill. Reg. 6220, 6225, and 6226, effective May 17, 1982; amended at 6 Ill. Reg. 10974, effective August 30, 1982; amended at 6 Ill. Reg. 13337, effective October 20, 1982; amended at 7 Ill. Reg. 7640, effective June 14, 1983; codified at 8 Ill. Reg. 9367; amended at 9 Ill. Reg. 12014, effective July 23, 1985; amended at 10 Ill. Reg. 8806, effective June 1, 1986; amended at 10 Ill. Reg. 21906, effective January 15, 1987; amended at 11 Ill. Reg. 14786, effective October 1, 1987; amended at 12 Ill. Reg. 3743, effective February 15, 1988; amended at 12 Ill. Reg. 15573, effective October 1, 1988; amended at 13 Ill. Reg. 16025, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5596, effective March 26, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13802, effective August 15, 1990; amended at 15 Ill. Reg. 17770, effective December 1, 1991; amended at 17 Ill. Reg. 3507, effective March 3, 1993; amended at 18 Ill. Reg. 11939, effective July 22, 1994; amended at 18 Ill. Reg. 17250, effective December 1, 1994; amended at 22 Ill. Reg. 9335, effective May 20, 1998; amended at 22 Ill. Reg. 22019,

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effective December 4, 1998; amended at 23 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL

Section 205.115 Incorporated and Referenced Materials

a) The following regulations and, standards, ~~and statutes~~ are incorporated ~~or referenced~~ in this Part:

1)~~a)~~ Private and professional association standards:

A)~~1)~~ American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Standard No. 52.1~~52-68~~: Gravimetric and Dust-Spot Procedures for ~~Methods of~~ Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matter (1992)~~(1968)~~ (see~~(See~~ Section 205.1540(i))~~)~~ and Handbook of Fundamentals (1997)~~(1981)~~ (see~~(See~~ Section 205.1540(p))~~)~~, which may be obtained from the National Association of American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329.~~, United Engineering Center, 345 East 47th Street, New York, New York 10017.~~

B)~~2)~~ National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code (1997)~~(1991)~~, which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269:~~.~~

i)~~A)~~ No. 99 (1990): Standards for Health Care Facilities. (~~(See Section 205.1410.)~~)

ii)~~B)~~ No. 70 (1996)~~(1993)~~: National Electrical Code. (~~(See Sections 205.1760, 205.1770 and 205.1780.)~~)

iii)~~C)~~ No. 80 (1995)~~(1990)~~: Standard for Fire Doors and Windows. (~~(See Section 205.1400(f).)~~)

iv)~~D)~~ No. 90A (1996)~~(1989)~~: Installation of Air Conditioning and Ventilating Systems. (~~(See Section 205.1540.)~~)

v)~~E)~~ No. 90B (1989): Installation of Warm Air Heating and Air Conditioning Systems. (~~(See Section 205.1540.)~~)

vi)~~F)~~ No. 255 (1996)~~(1990)~~: Method of Test of Surface Burning Characteristics of Building Materials. (~~(See Sections 205.1410 and 205.1520.)~~)

vii)~~G)~~ No. 701 (1996)~~(1989)~~: Standard Methods of Fire Tests for Flame-Resistant Textiles and Films. (~~(See Section 205.1400(j).)~~)

viii) No. 101A (1995): Alternative Approaches to Life Safety Code.

ix) No. 72 (1996): National Fire Alarm Code.

x) No. 99 (1996): Healthcare Facilities Handbook.

xi) No. 241 (1996): Safeguarding Construction,

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Alteration, and Demolition of Operations Code.

~~3) American Hospital Association, "Infection Control in the Hospital" (1979), which may be obtained from the American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois 60611. (See Section 205.410)~~

C)~~4)~~ National Council on Radiation Protection (NCRP), Report No. 102: Medical X-ray, Electron Beam and Gamma-Ray Protection for Energies up to 50 MeV (Equipment Design, Performance and Use (June, 1989)), and Report No. 49: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma-Rays of Energies up to 10 MeV (September, 1976), which may be obtained from the National Council on Radiation Protection and Measurement, 7910 Woodmont Avenue, Suite 800, Bethesda, Maryland 20814-3095 ~~P.O. Box 30175, Washington, D.C. 20014~~. (~~(See Section 205.1400(g).)~~)

D)~~5)~~ Underwriters Laboratories, Inc. (UL), Publication No. 181 (1994)~~(1974)~~: Air Ducts; which may be obtained from Underwriters Laboratories, Inc., 333 Pfingsten Road, Northbrook, Illinois 60062 ~~207 East Ohio Street, Chicago, Illinois 60611~~. (~~(See Section 205.1710.)~~)

2)~~b)~~ Federal regulations ~~statutes and rules~~: Rules of the Health Care Financing Administration governing Medicare program coverage of Ambulatory Surgical Services (42 CFR 416, October 1, 1997) under Sections 1832(a)(2) and 1833 of the Social Security Act (42 USC ~~U.S.C.~~ 1395(a)(2) and 1395l). (~~(See definition of "Ambulatory Surgical Treatment Center" in Section 205.110 and Section 205.130(d).)~~)

b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the dates specified and do not include any additions or deletions subsequent to the date specified.

c) The following statues and State regulations are referenced in this Part:

1)~~c)~~ State of Illinois statutes~~Statutes~~:

A)~~1)~~ Ambulatory Surgical Treatment Center Act ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, par. 157-8.1 et seq.)~~ [210 ILCS 5]

B)~~2)~~ Illinois Dental Practice Act ~~(Ill. Rev. Stat. 1991, ch. 111, par. 2301 et seq.)~~ [225 ILCS 25]

C)~~3)~~ ~~Illinois~~ Nursing and Advanced Practice Nursing Act ~~of 1987 (Ill. Rev. Stat. 1991, ch. 111, par. 3501 et seq.)~~ [225 ILCS 65]

D)~~4)~~ Podiatric Medical Practice Act of 1987 ~~(Ill. Rev. Stat. 1991, ch. 111, par. 4801 et seq.)~~ [225 ILCS 100]

E)~~5)~~ Safety Glazing Materials Act ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 3101 et seq.)~~ [430 ILCS 60]

2)~~d)~~ State of Illinois rules ~~Rules~~:

A)~~1)~~ Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890)

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B)~~2)~~ Department of Nuclear Safety, Radiation Protection (32 Ill. Adm. Code: Chapter I, Subchapter b)

~~e) All references to federal regulations and incorporations of standards of nationally recognized organizations in this Part refer to the regulations or standards on the date specified and do not include any additions or deletions subsequent to the date specified.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

SUBPART I: BUILDING DESIGN, CONSTRUCTION STANDARDS, AND PHYSICAL REQUIREMENTS

Section 205.1360 Clinical Facilities

a) Examination rooms ~~room(s)~~
   1) Each examination room ~~room(s)~~ shall have a minimum clear floor area of 80 square feet, and a minimum dimension of 8 feet, exclusive of ~~excluding such spaces as~~ vestibule, toilet, closet, and work counter (whether fixed or movable). A minimum clear dimension of 2'6" on each side and at both ends of the examination table shall be provided. ~~Arrangements shall permit at least 2'6" clearance at each side and at both ends of the examination table.~~
   2) A lavatory or sink equipped for handwashing with electronic or knee or foot control shall be provided.
   3) A counter or shelf space for writing shall be provided.

b) Procedure rooms ~~room(s)~~ - Sterile area
   1) At ~~Provide at~~ least one procedure room with a minimum clear area of 250 square feet and a minimum dimension of 14 feet, exclusive of closet, cabinet, and work counter (whether fixed or ~~and~~ movable) shall be provided. There shall be a minimum clearance of 3'6" at each side and at both ends of the operating table. ~~cabinets and shelves. Any other procedure rooms shall not be less than 120 square feet with a minimum dimension of 10 feet.~~
   2) Any new construction of other procedure rooms shall not be less than 120 square feet with a minimum dimension of 10 feet, exclusive of closet, cabinet, and work counter (whether fixed or movable). There shall be a minimum of 3' clearance at each side and at both ends of the operating table.
   3)~~2)~~ A ~~Provide a~~ communication system connecting with the control station shall be provided.
   4)~~3)~~ Special ~~Provide special~~ features such as x-ray film illuminators, and storage space as required by the program, shall be provided.

c) Procedure rooms - Non-sterile area
   1) Laser rooms
      A) Rooms used solely for procedures where lasers are employed

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shall have a minimum clear floor area of 100 square feet and a minimum clear dimension of 10 feet, exclusive of vestibule, toilet, closet, and work counter (whether fixed or movable). There shall be a minimum 2'6" clearance at each side and both ends of the treatment chair/table.
      B) If a water cooling system for the laser equipment is used, a water supply and trapped waste line shall be provided to service the laser.
      C) A communication system connected to the control station shall be provided.
   2) Gastrointestinal endoscopy rooms
      A) Rooms used solely for gastrointestinal endoscopic procedures shall have a minimum clear floor area of 200 square feet and a minimum clear dimension of 12 feet, exclusive of such spaces as vestibule, toilet, closet, and work counter (whether fixed or movable). There shall be a minimum 2'6" clearance at each side and at both ends of the treatment table.
      B) A storage area for overgowns, gloves, masks, and goggles adjacent to the handwashing lavatory shall be provided.
      C) An area for the disposal of overgowns, gloves, masks, and goggles shall be provided.
      D) An endoscopic instrument cabinet for easy access and proper maintenance of fiberoptic equipment shall be provided.
      E) An instrument processing work area with storage cabinets, work counter, drip rack, and double sink shall be provided.
      F) A communication system connected to the control station shall be provided.

d)~~c)~~ Recovery rooms ~~room(s)~~
   1) Rooms ~~Room(s)~~ for post-anesthesia recovery for surgical patients shall be provided. These rooms shall be classified as Stage I recovery, Stage II recovery, or combined Stage I and Stage II recovery.
      A) Stage I recovery rooms
         i) Stage I recovery rooms shall include spaces for patients who are recovering from surgical procedures requiring general, spinal or any other type of sedation that requires a more intense level of monitoring.
         ii) There shall be at least one recovery bed and two additional beds or lounge chairs for each procedure room using general, spinal or epidural anesthesia, or IV sedation.
         iii) Stage I recovery rooms shall have a minimum clear area of 70 square feet for single patient occupancy and 80 square feet for multiple patient occupancy. The beds and chairs shall be arranged so that there is a minimum clear dimension of 3' on the sides of the beds

or chairs and 4' at the foot of the beds or chairs.

B) Stage II recovery rooms

i) Stage II recovery rooms shall include spaces for patients who are able to leave the Stage I recovery room but require additional time for all of the patient's vital signs to be stabalized to the point where the patient may leave the facility. These rooms may also serve those patients who have undergone surgical procedures under local anesthesia.

ii) Stage II recovery rooms shall have a minimum clear area of 50 square feet per station with a minimum clear dimension of 2'6" on both sides and 3' at the foot of the beds or lounge chairs.

iii) For each procedure room using only local anesthesia, at least one recovery bed and one additional bed or lounge chair shall be provided.

iv) For each gastrointestinal endoscopy room, there shall be a minimum of one recovery bed and one other recovery bed or lounge chair.

~~2) Recovery room(s) shall contain a minimum of 100 square feet of usable floor space for single bed occupancy and at least 80 square feet per bed for multiple bed occupancy, so arranged that there will be at least 3 feet between beds and 4 feet of clear space at the foot of each bed.~~

2)~~3)~~ The recovery area ~~This room(s)~~ shall contain a drug distribution station, handwashing facility, charting facilities, nurses' station, and storage space for supplies and equipment.

3)~~4)~~ The recovery rooms must have accessibility to ~~Provide~~ a toilet ~~which is accessible to the recovery room,~~ without having to leave the recovery room to reach it. The water closet shall be equipped with a gray diverter valve.

~~5) A separate supervised room may be provided for use by patients who are able to leave the recovery (post-anesthesia) room but need additional time for all vital signs to be stabilized to the point where the patient may leave the facility. This room shall be equipped with reclining or lounge type chairs for patients and shall contain a minimum of 50 square feet of usable floor space for each patient to be accommodated at any one time.~~

~~6) These recovery rooms may be combined, if desired.~~

~~7) Provide a minimum of four recovery beds or lounge chairs for each procedure room. At least one of the four must be a bed, and the other three may be lounge chairs or beds.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 205.1370 Support Service Areas

a) A control station shall be located to permit visual surveillance of all traffic that ~~which~~ enters the operating suite.

b) Sterilizing facilities ~~Provide sterilizing facility(ies)~~ with high speed autoclaves ~~autoclave(s)~~ conveniently located to serve all procedure rooms shall be provided. Approved alternate provisions may be made for replacement of sterile instruments during surgery.

c) A drug distribution station shall be provided for storage and preparation of medication to be administered to patients.

d) Scrub stations with knee or foot or elbow actuated faucets shall be provided near the entrances to, but outside of, the procedure rooms. Scrub facilities shall be arranged to minimize splatter on nearby personnel or supply carts.

e) A soiled workroom for the exclusive use of the surgical suite staff shall be provided. The soiled workroom shall contain a work counter, sink equipped for handwashing, waste receptacle, and linen receptacle. This room may be used for cleaning anesthesia equipment.

f) Fluid waste disposal facilities shall be conveniently located with respect to the general procedure rooms.

g) Clean workroom

1) A clean workroom or a clean supply room is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for handwashing, and space for clean and sterile supplies. A clean supply room shall be provided when the narrative program defines a system for the storage and distribution of clean and sterile supplies that ~~which~~ would not require the use of a clean workroom.

2) An autoclave shall be incorporated into the clean workroom.

h) Anesthesia storage facilities shall be provided. Flammable anesthetics are prohibited.

i) Medical gas supply storage with space for reserve nitrous oxide and oxygen cylinders shall be provided, with all tanks properly secured.

j) Storage area for equipment and supplies used in the surgical suite shall be provided.

k) Staff and personnel facilities shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lounge, lockers, toilets, lavatories equipped for handwashing, and space for changing clothes ~~clothing~~. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the sterile area ~~surgical suite~~ can change, gown, and move directly into the sterile area ~~surgical suite~~. Space for removal of scrub suits and foot covers shall be designed so that personnel using it will avoid physical contact with clean personnel.

l) Change ~~Provide change~~ areas where patients can change from street clothes ~~clothing~~ into hospital gowns in privacy, and be prepared for surgery, shall be provided. This shall include lockers, toilets, clothing change or gowning areas ~~area(s)~~, and space for the

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administration of medications.

m) The stretcher ~~Stretcher~~ storage area shall be out of the direct line of traffic.

n) A janitor's ~~janitor's~~ closet containing a floor receptor or service sink, and storage space for housekeeping supplies and equipment, shall be provided exclusively for the surgical suite.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 205.1380 Diagnostic Facilities

a) Radiographic Suite: if radiographic studies are conducted, the following apply: ~~Radiographic suite, if radiography is provided in the center, shall contain the following:~~

1) Radiographic rooms shall have a minimum clear area of 120 square feet and a minimum clear dimension of 10', exclusive of vestibule, toilet, closet, cabinet, and work counter (whether fixed or movable). There shall be a minimum of 2'6" clearance at each side and both ends of the radiographic table;

2) A hand-washing sink with a plaster trap within the room;

3) A communication system connected to the control station;

4)~~1)~~ Film ~~film~~ processing area with work counters, triple sink, storage cabinets, exhaust venting for chemicals, open drains, and safety lighting;

5)~~2)~~ Viewing ~~viewing~~ and administration area;

6)~~3)~~ Film ~~film~~ storage facilities;

7)~~4)~~ Toilet ~~toilet~~ room with handwashing facilities, directly accessible from each radiographic ~~fluoroscopy~~ room without entering the general corridor area; and~~.~~

8)~~5)~~ Dressing ~~dressing~~ area with convenient access to toilets and a lockable closet unit for patient's belongings.

b) If laboratory testing is performed in the center, ~~which requires a permit or license under the Department's rules Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450),~~ the laboratory area of the center shall contain the following minimum facilities:

1) Laboratory work counter with sink and vacuum, and electric services.

2) Lavatory or counter sink equipped for handwashing.

3) Storage cabinet or closet for any necessary laboratory supplies and equipment. This storage area may be combined with other storage areas in the center.

4) Blood collection facilities with ~~shall have~~ space for a chair and work counter.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

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SUBPART L: ELECTRICAL

Section 205.1770 Equipment Installation in Special Areas

a) X-ray Installations. Fixed and mobile X-ray equipment installations, if installed, shall conform to Article 660 of NFPA Standards 70, 1996~~1975~~ Edition.

b) Installation in non-flammable anesthetizing locations of all electrical equipment and devices, receptacles, and wiring shall comply with NFPA Standard 70, 1996~~1975~~ Edition. Exception: Isolated electrical systems are not required.

c) An "In Use" warning light or sign must be installed immediately outside of the entrance to a procedure room in which laser equipment is used when such warning light or sign is required by the manufacturer's specifications.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Diseased Animals

2) Code Citation: 8 Ill. Adm. Code 85

3)

Section Numbers:	Adopted Action:
85.5	Amended
85.15	Amended
85.50	Amended
85.55	Amended
85.75	Amended
85.110	Amended
85.115	Amended
85.135	Amended

4) Statutory Authority: Illinois Diseased Animals Act [510 ILCS 50]; Section 6 of the Illinois Bovine Brucellosis Eradication Act [510 ILCS 30/6]; Livestock Auction Market Law [225 ILCS 640]; and Equine Infectious Anemia Control Act [510 ILCS 65].

5) Effective Date of Amendments: July 1, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? Yes

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 23 Ill. Reg. 3205, March 19, 1999.

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Difference between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? None were needed.

13) Will these amendments replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: The Department is updating the CFR citations to the 1999 edition of the *Code of Federal Regulations* in Sections 85.5, 85.15, 85.75, and 85.115. Section 85.55(c) is being amended to allow herds that have been quarantined for scrapie to enter

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into an approved flock plan (9 CFR 97.1, 1999) as a means to be released from quarantine. Grounds for revocation of goat certification are added to Section 85.50. Section 85.135 is being amended to adopt the new national Johne's disease program that was approved in October 1998. The latest version of the Brucellosis Eradication: Uniform Methods and Rules, effective February 1, 1998, is adopted in Section 85.110 and deleted from Section 85.50 as it no longer includes any references to goats.

16) Information and questions regarding this adopted amendment shall be directed to:

Name: Debbie Wakefield
Address: Illinois Department of Agriculture
State Fairgrounds
Springfield, Illinois 62794-9281
Telephone: 217/785-5713
Facsimile: 217/785-4505

The full text of adopted amendments begins on the next page:

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENTS

TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER b: ANIMALS AND ANIMAL PRODUCTS
(EXCEPT MEAT AND POULTRY INSPECTION ACT REGULATIONS)

PART 85
DISEASED ANIMALS

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85.135 Requirements for Establishing and Maintaining a Herd or Flock Under the Voluntary Paratuberculosis (Johne's disease) Certification Program

AUTHORITY: Implementing and authorized by the Illinois Diseased Animals Act [510 ILCS 50]; Section 6 of the Illinois Bovine Brucellosis Eradication Act [510 ILCS 30/6]; Livestock Auction Market Law [225 ILCS 640]; and Equine Infectious Anemia Control Act [510 ILCS 65].

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SOURCE: Regulations Relating to Diseased Animals, filed January 17, 1972, effective January 27, 1972; filed August 19, 1975, effective August 29, 1975; filed December 29, 1976, effective January 8, 1977; amended at 2 Ill. Reg. 24, p. 12, effective June 15, 1978; amended at 3 Ill. Reg. 33, p. 337, effective August 17, 1979; amended at 5 Ill. Reg. 724, effective January 2, 1981; codified at 5 Ill. Reg. 10456; amended at 7 Ill. Reg. 1746, effective January 28, 1983; amended at 8 Ill. Reg. 5925, effective April 23, 1984; amended at 9 Ill. Reg. 4489, effective March 22, 1985; amended at 9 Ill. Reg. 18411, effective November 19, 1985; amended at 10 Ill. Reg. 20464, effective January 1, 1987; amended at 12 Ill. Reg. 8283, effective May 2, 1988; amended at 13 Ill. Reg. 3642, effective March 13, 1989; amended at 14 Ill. Reg. 1919, effective January 19, 1990; amended at 14 Ill. Reg. 15313, effective September 10, 1990; amended at 16 Ill. Reg. 11756, effective July 8, 1992; emergency amendment at 17 Ill. Reg. 14052, effective August 16, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 1850, effective January 24, 1994; emergency amendment at 19 Ill. Reg. 10734, effective July 10, 1995, for a maximum of 150 days; emergency expired December 17, 1995; amended at 20 Ill. Reg. 276, effective January 1, 1996; emergency amendment at 20 Ill. Reg. 6581, effective April 30, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 13039, effective September 25, 1996; amended at 21 Ill. Reg. 17049, effective January 1, 1998; amended at 23 Ill. Reg. 411, effective January 1, 1999; amended at 23 Ill. Reg. 7862, effective JUL - 1 1999.

Section 85.5 Definitions

Definitions for the rules of this Part are located in the general definitions Section (8 Ill. Adm. Code 20.1) and apply to the rules of this Part. The following definitions shall also apply to the rules of this Part:

"Accredited veterinarian" means a veterinarian who is licensed by the state in which he practices, is approved by the animal health authority of that state, and is accredited by the United States Department of Agriculture (9 CFR 160, 161 and 162; 1999~~1998~~).

"Exposed to" means an animal that has come in contact with another animal or an environment that is capable of transmitting a contagious, infectious or reportable disease. An animal will no longer be considered as "exposed to" when it is beyond the standard incubation time for the disease and the animal has been tested negative for the specific disease or there is no evidence that the animal is contagious, except for animals exposed to Johne's disease. Animals originating from a herd where Johne's disease has been diagnosed will be considered no longer "exposed to" with a negative test. The negative test must have been conducted within 30 days prior to the sale or movement.

"Recognized slaughtering center" means an establishment where slaughtering is conducted under Federal or State inspection.

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(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

Section 85.15 Truck Cleaning and Disinfection

Any truck or other conveyance in which diseased livestock is transported shall be cleaned and disinfected immediately after the diseased livestock is unloaded as prescribed in the Code of Federal Regulations (9 CFR 71.7, 71.10 - 71.12; 1999~~1998~~).

(Source: Amended at 23 Ill. Reg. 7862 ~~3~~, effective JUL - 1 1999)

Section 85.50 Goats

a) Brucellosis in Goats
   1) When a serologic test for brucellosis in goats discloses one or more reactors, the entire herd shall be placed under quarantine and the reactor(s) immediately isolated from the remainder of the herd, reactor tagged and branded, and slaughtered. After removal of the reactor(s), the entire herd shall be retested at time intervals and the number of times as requested by the Department. The length of the quarantine period shall be determined by the Department.
   2) All brucellosis agglutination blood tests of goats shall be made at an approved laboratory.

b) Requirements for Establishing and Maintaining Certified Brucellosis-Free Herds of Goats
   1) General Requirements
      A) Certified brucellosis-free herd certificates, which shall be valid for one year, unless revoked due to disclosure of brucellosis in the herd ~~in accordance with the procedures as adopted by the United States Animal Health Association (P.O. Box 8227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228) and as outlined for cattle certificate revocation in the Brucellosis Eradication Uniform Methods and Rules, effective May 6, 1992, amended February 2, 1993, and June 16, 1994, published by the United States Department of Agriculture, Animal and Plant Health Inspection Service~~, shall be issued by the Department.
      B) Certificates shall be extended for a period of one year upon evidence of a negative herd retest and compliance with all requirements for maintenance of a certified brucellosis-free herd.
      C) A "herd" shall be considered as including all animals 6 months of age and over and shall consist of at least 5 animals.
      D) All animals in the herd shall be identified by registration

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number, individual tattoo, or ear tag.
      E) All official blood tests of goats shall be conducted at an approved laboratory.
   2) To Qualify for Certification
      A) Herds shall be certified upon completion of 2 consecutive negative complete herd tests not less than 10 nor more than 14 months apart.
      B) Animals classified as suspects, in herds that are otherwise negative, must be retested at 30-day intervals until their status has been determined. If the suspects are sold or otherwise disposed of before their status has been determined, the entire herd must be retested to achieve a negative herd status. If the suspects are classified as reactors upon retest, the herd is considered to be infected. Diseased goats may only be consigned directly to a slaughtering facility and must be accompanied by a "Permit for Movement, VS Form 1-27".
      C) If on the initial herd test, or as a result of any retests of animals in the herd, one or more reactors are disclosed, the entire herd shall be placed under quarantine and the reactor(s) immediately isolated from the remainder of the herd, reactor tagged and branded, and slaughtered. After removal of the reactor(s), the entire herd shall be retested at time intervals and the number of times as requested by the Department. The length of the quarantine period shall be determined by the Department.
   3) To Qualify for Recertification
      A) A negative herd test conducted within 60 days prior to the anniversary date is required for continuous certification. Upon receipt of a negative herd test, the Department shall extend certification for 12 months from the anniversary date.
      B) If the annual test for recertification is conducted within 60 days following the anniversary date and all the animals are negative, certification will be restored and the certification period will be 12 months from the anniversary date.
      C) If the annual test for recertification is not conducted within 60 days following the anniversary date, certification is cancelled and recertification requirements are then the same as for initial certification.
      D) If suspects or reactors are disclosed on a recertification test, their disposition and herd retest requirements shall be the same as specified in subsection (b)(2)(B) and (C) of this Section.
      E) All official blood tests of goats shall be conducted at an approved laboratory.
   4) Additions to Certified Brucellosis-Free Herds

A) Animals originating from other certified herds may be added without tests.
B) Animals originating from herds not certified may be added; provided, they are negative to an official brucellosis test within 60 days prior to addition, are held in isolation from other members of the certified herd for a minimum period of 30 days and are retested and negative at the end of this isolation period.
C) Purchased additions shall not receive new herd status for sale or exhibition purposes until they have been members of the herd for at least 30 days and are included in a complete herd retest.

c) Other Contagious Diseases. All goats, including dairy goats, will not be allowed to be exhibited in Illinois and must be removed immediately from the exhibition area if showing signs of any of the following conditions:
1) Lesions of contagious ecthyma (sore mouth).
2) Active lesions of ringworm with resulting loss of hair.
3) Caseous lymphadenitis as evidenced by draining abscesses.

(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

Section 85.55 Scrapie in Sheep and Goats

a) No sheep or goats which are known to be from an infected or source flock as defined in the Voluntary Scrapie Flock Certification Program Standards as approved by the United States Department of Agriculture, effective October 17, 1997 and no progeny of sheep or goats known to be from an infected or source flock shall be transported or moved into or within the State of Illinois, except as provided in 8 Ill. Adm. Code 40.190(c).
b) Scrapie monitored herds may be established and maintained in accordance with the Voluntary Scrapie Flock Certification Program Standards.
c) When a herd has been designated as an infected or source flock, the flock will be placed under quarantine and will remain under quarantine until the flock has been depopulated, or enters into the Voluntary Scrapie Flock Certification Program, or develops an approved flock plan (9 CFR 79.1 (1999). No animals will be allowed to move from the quarantined flock except for slaughter or medical treatment or examination.

(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

Section 85.75 Cattle Scabies -- Additional Requirements on Cattle from Certain Designated Areas

a) A prior permit must be obtained from the Department before cattle, except those consigned direct to slaughter, may enter Illinois from certain designated areas determined to have high incidence of cattle scabies. The Director of the Department shall have authority to specify the designated areas from which movement of cattle into Illinois will be restricted.
b) Cattle from such areas, except those consigned to a recognized exhibition and moved from Illinois following exhibition (county and State fairs, other State-supported exhibitions, and breed registry exhibitions); dairy cattle; or those consigned direct to slaughter, shall be dipped for cattle scabies within 10 days prior to entry or treated in accordance with the procedures as set forth in 9 CFR 73.12 (1999~~1998~~).
c) Each such animal shall be treated with a solution of approved acaricide and water or other method of treatment approved by the United States Department of Agriculture (9 CFR 73.10 and 73.12; 1999~~1998~~).

(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

Section 85.110 Additional Requirements on Cattle From Designated States

Female cattle, except those consigned direct to slaughter or calves under 6 months of age, entering Illinois for feeding purposes from states designated by the U. S. Department of Agriculture as Class B and Class C states under provisions of the Brucellosis Eradication Uniform Methods and Rules (February 1, 1998 ~~May 6, 1992 as amended February 2, 1993 and June 16, 1994~~) as approved by the United States Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228) and the U.S. Department of Agriculture shall, in addition to present entry requirements now on file, be tagged in the right ear with an official ear tag identifying the cattle to the state of origin. The ear tag series shall be recorded on the official interstate health certificate, or on the owner-shipper statement. These official, uniformly numbered ear tags may be applied by anyone.

(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

Section 85.115 Salmonella enteritidis serotype enteritidis

a) The United States Department of Agriculture has declared Salmonella enteritidis serotype enteritidis as a communicable disease in poultry. The rules pertaining to Salmonella enteritidis serotype enteritidis located at 9 CFR 82.30-82.36 (1999~~1998~~) are hereby adopted for the State of Illinois. The flocks affected by these regulations are those identified in 9 CFR 82.31.
b) All flocks found to be infected with Salmonella enteritidis serotype

enteritidis shall be quarantined. The quarantine shall remain in effect until the flock has been depopulated and premises disinfected as prescribed in 9 CFR 82.32(c) or the entire flock is tested negative for Salmonella enteritidis serotype enteritidis in accordance with the provisions of 9 CFR 82.32(e).

c) Interstate movement of poultry, eggs, equipment and manure from infected or test flocks shall be as specified in 9 CFR 82.33. Intrastate movement requirements shall be the same as interstate movement requirements.

d) If a flock is determined to be an infected flock as defined in 9 CFR 82.32(c), the Department shall pay indemnity if State funds are available and all of the following conditions are met:
   1) The infected flock is implicated through epidemiological evidence in a human disease outbreak;
   2) The flock owner voluntarily agrees to depopulate with appropriate State indemnity;
   3) The entire flock which is to be depopulated shall have originated from a flock that is classified "U.S. S. Enteritidis Monitored" for egg type birds and "U.S. S. Enteritidis Clean" for meat type birds under the National Poultry Improvement Plan and Auxiliary Provisions (9 CFR 145 and 147; 1999~~1998~~);
   4) The flock owner must have been feeding the infected flock in accordance with the provisions of the National Poultry Improvement Plan and Auxiliary Provisions (9 CFR 145.23(d); 1999~~1998~~);
   5) The infected flock shall be slaughtered in accordance with 9 CFR 82.33(b). Proof of kill will be reported to the Department by the meat and poultry inspector of the slaughtering establishment where the infected poultry is slaughtered;
   6) The premises has been disinfected in accordance with 9 CFR 82.32(c); and
   7) Replacement poultry shall be from flocks that are classified "U.S. S. Enteritidis Monitored" or "U.S. S. Enteritidis Clean" under the National Poultry Improvement Plan and Auxiliary Provisions.

e) The amount of indemnity paid, based on the availability of State funds, shall be 75 percent of the fair market value and the health thereof at the time of slaughter, minus the salvage value. The following conditions shall be considered when determining the fair market value and health of the infected flock:
   1) Initial purchase price of each bird;
   2) Age of the bird and its egg production capabilities or value for producing progeny; and
   3) Feed and veterinary medical production costs as justified by documentation by the flock owner in the form of sales receipts and veterinary bills.

f) The Department and the infected flock owner must agree upon the value of the poultry destroyed, and in the case as agreement cannot be made,

indemnity will not be paid for the flock.

(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

Section 85.135 Requirements for Establishing and Maintaining a Herd or Flock Under the Voluntary Paratuberculosis (Johne's disease) Certification Program

a) The following definitions shall be applicable to this Section:
   1) "Accredited laboratory" means a laboratory operated by the Illinois Department of Agriculture, the University of Illinois College of Veterinary Medicine, or a laboratory approved by the Director (on the basis if its using USDA approved methods).
   2) "Animal" means cattle, bison, buffalo, sheep, goats, llamas, or members of the cervid family.
   3) "Herd or flock" means all animals under common ownership or supervision that are grouped on one or more parts of any single premises (lot, farm, ranch), or all animals on two or more premises geographically separated, but on which animals have been interchanged or where there has been contact between the premises. Contact of animals between separated premises under common management shall be assumed to have occurred unless otherwise established by the herd or flock owner or manager. Each separate species of animal shall be considered as a separate herd or flock.
   4) "Positive animal" means an animal infected with Mycobacterium avium paratuberculosis, only if M. avium paratuberculosis is demonstrated by an organism detection test on tissues or feces of the animal.
   5) "M. avium paratuberculosis-Detection Test" or "organism detection test" means any test sufficiently sensitive and specific for detection of M. avium paratuberculosis in ~~bovine or caprine~~ fecal samples. Definitions of "sufficiently sensitive and specific" will be on the basis of results of performance of a check test and proficiency standards set by the National Paratuberculosis Certification Program. Any test approved by the U.S. Department of Agriculture for M. avium paratuberculosis organism detection (i.e., fecal culture test for M. avium paratuberculosis) is acceptable as long as it is performed at an accredited laboratory.
   6) "Serum antibody test" means any test sufficiently sensitive and specific for detection of antibodies to M. avium paratuberculosis in bovine ~~or caprine~~ serum. Definition of "sufficiently sensitive and specific" will be on the basis of results of performance of a check test and proficiency standards set by the National Paratuberculosis Certification Program (October 1998 ~~1993~~), as recommended and approved by the U.S. Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue,

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Richmond, Virginia 23228). Any test approved by the U.S. Department of Agriculture for serum antibody detection (i.e., ELISA for M. avium paratuberculosis) is acceptable as long as it is performed at an accredited laboratory.

~~7) "Test--positive--animal"--means--an--animal--that--has-been-found positive-on-the-serum-antibody-test-or--any--other--test--for--M. paratuberculosis.~~

b) Criteria for herds qualified to enter into the certification program:

1) Participation in this program is voluntary and the producer/owner is responsible for the cost of testing.

2) The herd has been in existence for at least one year or the herd was assembled with animals originating directly from paratuberculosis-certified herds only.

3) A herd assembled with animals originating directly from certified herds only shall start at the lowest certification level of the herds from which the assembled animals were acquired. A negative first-herd test will qualify the newly-assembled herd for the first certification level.

4) All animals must have an approved, permanent, unique, legible identification other than a plastic ear tag or neck chain. Acceptable means of an approved, permanent, unique, legible identification include registration or association numbers accompanied by identification document, ear tattoos, USDA uniform series ear tag (metal tags), freeze branding and electronic identification (microchips) as long as a reader is supplied by the owner or is readily available.

c) Voluntary Johne's disease herd status for cattle shall be established and maintained in accordance with the Voluntary Johne's Disease Herd Status Program (October 1998) that was developed by the National Johne's Working Group and the Johne's Committee of the U.S. Animal Health Association and approved and adopted by the U.S. Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228). Herd owners using either the Fast Track or the Standard Track certification program must sign a herd agreement prior to acceptance into the program.

d) Criteria for certifying bison, buffalo, sheep, goats, llamas or members of the cervid family herds or flocks under the Illinois Voluntary Johne's Disease Herd or Flock Certification Program.

1)~~c)~~ The following certification levels will be awarded compliance with certification requirements:

~~1)~~ Level 1 - herd or flock tested negative after one sampling.

~~2)~~ Level 2 - herd or flock tested negative after two samplings.

~~3)~~ Level 3 - herd or flock tested negative after three samplings.

~~4)~~ Level 4 - herd or flock tested negative after four samplings.

~~5)~~ Level 5 - herd or flock tested negative after five samplings.

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~~6)~~ Level 5 Monitored - herd or flock tested negative after six or more samplings.

2)~~d)~~ Certification requirements:

A)~~1)~~ For annual certification, all animals 24 months of age and older must be tested.

B)~~2)~~ Certified herds or flocks must be tested every 12 months (+/- 2 months).

C)~~3)~~ All tests must be performed at an accredited laboratory.

~~4) The--following--annual--testing--protocol--shall--be-followed-for cattle-and-goats:~~

~~A) Levels-1,--3--and--5:--blood--for--the--detection--of--serum antibodies-against-M.-paratuberculosis-(i.e.,-ELISA).~~

~~B) Levels---2---and---4:---feces---for---the--detection--of--M. paratuberculosis-(i.e.,-fecal-culture).~~

~~C) Level-5-Monitor:-either-type-of-test,-at-the-option--of--the owner.~~

D)~~5)~~ An ~~For-all-animals-other-than-cattle-and-goats,-an~~ organism detection test for M. avium paratuberculosis (i.e., fecal culture) must be conducted.

E)~~6)~~ ~~All--blood--collection--must--be--done--by--an---accredited veterinarian.~~Fecal collection must be done either by, or under the direct supervision of, an accredited veterinarian who must verify that the samples were collected from the animals identified on the test documents.

F)~~7)~~ The owner must certify on an agreement form prescribed by the Department:

i)~~A)~~ At the initial test date, the herd has been in existence for at least one year or was assembled only from herds or flocks enrolled in a M. avium paratuberculosis program and are at the same or higher level than the herd or flock. Animals purchased from herds or flocks participating in M. avium paratuberculosis programs outside of Illinois must have that state's program approved by the Director prior to certification.

ii)~~B)~~ At each test date, all animals in the herd or flock 24 months of age or older were sampled and included in the herd or flock test.

iii)~~C)~~ At each test date, a list identifying all animals previously tested but no longer in the herd or flock must be provided to the Department.

iv)~~D)~~ At each test date, all animals added to the herd or flock since the last herd or flock test were natural additions to (born into) the herd or flock, purchased from participating herds or flocks, or were tested at the time of arrival on the premises (see Section 85.135(d)(6) ~~(h)~~).

v)~~E)~~ At each test date, with a written statement sent to

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the Department certifying to the best of his/her knowledge no animal that left the herd or flock tested positive for paratuberculosis or was exhibiting clinical signs of Johne's disease.

3)~~e)~~ Upon completion of the required testing and review by the Director, the Department shall issue a certificate verifying the herd's or flock's status.

4)~~f)~~ Handling of animals exhibiting clinical signs ~~test-positive animals:~~

A)~~1)~~ All animals exhibiting clinical signs of M. avium paratuberculosis must be tested and isolated from the herd or flock pending the test results. An organism detection test (i.e., fecal culture) must be used on feces from animals exhibiting clinical signs. ~~Either the serum-antibody test or feces for organisms detection may be used for cattle and goats, and the feces for organisms detection test for other types of animals.~~

~~2) Cattle or goats found positive on a serum-antibody test must be retested by a fecal M. paratuberculosis detection test as soon as possible but not more than 30 days after official notification from the Department.~~

~~3) The certified cattle or goat herd will maintain its present certification status pending the results of the M. paratuberculosis detection test.~~

B)~~4)~~ A negative result on the M. avium paratuberculosis detection test will allow the herd or flock to move to the next certification level.

~~5) If cattle or goats are removed from the herd while waiting for serum-antibody test results, a fecal sample shall be collected by an accredited veterinarian and submitted to an accredited laboratory. The sample will be tested for M. paratuberculosis if the antibody test is positive.~~

5)~~g)~~ Suspension or revocation of herd or flock certification:

A)~~1)~~ Identification of a positive animal using the organism detection test during the certification herd or flock test will result in the loss of certification status. The next negative test will qualify the herd or flock for Level 1 certification.

If a positive animal is detected on any other test for Johne's disease during the current certification period other than by an organism detection test, the herd's or flock's certification will be suspended pending a confirmatory organism detection test of that animal.

~~2) Failure to collect a feces sample and submit it to an accredited laboratory within 30 days after notification of a test positive animal will result in loss of certification status. The next negative herd test will qualify the herd for Level 1 certification.~~

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B)~~3)~~ Herds or flocks not tested within 14 months after the last sampling will lose their certification status. The next negative herd or flock test will qualify the herd or flock for Level 1 certification.

6)~~h)~~ Herd or Flock Additions. Animals ~~A negative serum-antibody test is required for all cattle or goats being added to the herd prior to arrival on the premises, and an organism detection test must be submitted to an accredited laboratory no later than 15 days after arrival. For animals other than cattle or goats, animals~~ purchased from another herd or flock participating in a M. avium paratuberculosis certification program may enter the herd or flock without further testing, and will be tested along with the herd or flock at the next annual test. Animals originating from herds or flocks that are not participating in an M. avium paratuberculosis certification program must be isolated from the other members of the herd or flock until a negative organism detection test has been received. Isolation means that the animal can have no opportunity to share feed or water receptacles with other members of the herd or flock, and there can be no chance of fecal contamination from the animal.

7)~~i)~~ Protocol if an animal sold from a certified herd or flock is identified as positive:

A)~~1)~~ If an animal sold from a certified negative herd or flock is identified as positive by an organism detection test within 16 months after the date of sale, the selling certified herd or flock may, within 120 days of being notified, be required to conduct a herd or flock retest of all eligible animals ~~by both the serum-antibody and organisms detection tests.~~ Determination of retesting of the herd or flock will be made by the Director based upon, but not limited to, the level of certification of the herd or flock, the last negative organism detection test of the herd or flock and the status of the other animals in the purchasing herd or flock, if known.

B)~~2)~~ The selling certified herd or flock will maintain its present certification status pending the results of the herd or flock test or at the determination of the Director based on epidemiological evidence provided by a state or federal veterinarian.

C)~~3)~~ If the herd or flock retest is negative, the herd will maintain its "present" certification status. The herd or flock owner/manager shall then have the option of maintaining his/her present test schedule or rescheduling his/her herd test date so that his/her next herd or flock test is not due until 12 months after the retest.

D)~~4)~~ If a positive animal is identified on this retest, the selling herd or flock will lose its certification status. The next negative herd or flock test will qualify the herd

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or flock for Level 1 certification.

(Source: Amended at 23 Ill. Reg. 7862, effective JUL - 1 1999)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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1) Heading of the Part: Licensing Standards for Foster Family Homes

2) Code of Citation: 89 Ill. Adm. Code 402

3) Section Numbers: 402.8 — Adopted Action: Amended

4) Statutory Authority: 225 ILCS 10

5) Effective Date of Amendments: July 15, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: February 16, 1999 at 23 Ill. Reg. 2435

10) Has JCAR issued a Statement of Objections to this amendment? No

11) Differences between proposal and final version: The First Notice text of subsection (e) was changed from "Any and all weapons, registered firearms, and ammunition will be locked up at all times and kept in places inaccessible to children. No unregistered guns or unregistered firearms shall be present in the home at any time." to "Any and all firearms and ammunition shall be locked up at all times and kept in places inaccessible to children. No firearms possessed in violation of a State or federal law or a local government ordinance shall be present in the home at any time."

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this amendment replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: The purpose of this rulemaking is to require that foster parents keep firearms and ammunition locked and inaccessible to foster children. This rulemaking will afford greater protection from injuries from firearms for children in foster care.

16) Information and questions regarding these adopted amendments shall be directed to:

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Ms. Sue Howell
Office of Child and Family Policy
Department of Children and Family Services
406 E. Monroe, Station #65
Springfield, Illinois 62703-1498
Telephone: (217) 524-1983
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The full text of the adopted amendment begins on the next page.

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TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 402
LICENSING STANDARDS FOR FOSTER FAMILY HOMES

Section

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402.4 Application for License
402.5 Application for Renewal of License
402.6 Provisions Pertaining to Permits
402.7 Provisions Pertaining to the License
402.8 General Requirements for the Foster Home
402.9 Requirements for Sleeping Arrangements
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402.11 Business and Employment of Foster Family
402.12 Qualifications of Foster Parents
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402.15 Number and Ages of Children Served
402.16 Meeting Basic Needs of Children
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402.24 Confidentiality of Information
402.25 Required Written Consents
402.26 Records to be Maintained
402.27 Licensing Supervision
402.28 Adoptive Homes
402.29 Severability of This Part

APPENDIX A Criminal Convictions Which Prevent Licensure
APPENDIX B Number and Ages of Children in Foster Family Home: No Child Requires Specialized Care
APPENDIX C Number and Ages of Children in Foster Family Home: Child Requires Specialized Care

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10].

SOURCE: Adopted and codified at 5 Ill. Reg. 9548, effective October 1, 1981;

emergency amendment at 6 Ill. Reg. 15580, effective December 15, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 3439, effective April 4, 1983; amended at 7 Ill. Reg. 13858, effective November 1, 1983; amended at 8 Ill. Reg. 23197, effective December 3, 1984; amended at 11 Ill. Reg. 4292, effective March 1, 1987; emergency amendment at 16 Ill. Reg. 11879, effective July 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 267, effective December 21, 1992; emergency amendment at 18 Ill. Reg. 8481, effective May 20, 1994, for a maximum of 150 days; emergency expired on October 17, 1994; amended at 19 Ill. Reg. 1801, effective February 1, 1995; amended at 19 Ill. Reg. 9463, effective July 1, 1995; emergency amendment at 19 Ill. Reg. 10743, effective July 1, 1995, for a maximum of 150 days; emergency expired November 27, 1995; amended at 20 Ill. Reg. 1589, effective January 10, 1996; emergency amendment at 20 Ill. Reg. 3954, effective February 16, 1996, for a maximum of 150 days; emergency expired July 15, 1996; amended at 21 Ill. Reg. 4548, effective April 1, 1997; amended at 22 Ill. Reg. 205, effective December 19, 1997; amended at 23 Ill. Reg. 7877, effective JUL 15 1999.

Section 402.8 General Requirements for the Foster Home

a) The foster home shall be clean, well ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards.

b) The water supply of the foster family home shall comply with the requirements of the local and state health departments. If the foster family home accepts children under age ten or who are developmentally disabled, the maximum hot water temperature from all showers and bathtubs shall be no more than 115° Fahrenheit. If well water is used, a copy of the Inspection Report and Compliance with Regulations shall be on file with the supervising agency.

c) Portable space heaters may be used as a supplementary source of heat if they meet safety approval standards (Underwriters Laboratories) and are used in accordance with local and State building and fire codes. Portable space heaters may not be used in rooms where children are sleeping. Portable and fixed space heaters in areas occupied by children shall be separated by fire resistant partitions or barriers to prevent contact with the heater.

d) Prescription and nonprescription drugs, dangerous household supplies, and dangerous tools~~, weapons, guns, and ammunition~~ shall be kept in a safe place.

e) Any and all firearms and ammunition shall be locked up at all times and kept in places inaccessible to children. No firearms possessed in violation of a State or federal law or a local government ordinance shall be present in the home at any time. Loaded guns shall not be kept in a foster home unless required by law enforcement officers and in accordance with their law enforcement agency's safety procedures.

f)~~e)~~ The foster home shall comply with all requirements of the state laws and municipal codes for household pets. Certificates of inoculation for rabies shall be available for inspection.

g)~~f)~~ The foster home shall have an operating telephone on the premises

unless the supervising agency has approved a written plan detailing the immediate and unrestricted access to such an instrument.

h)~~g)~~ The foster home shall have fire and emergency evacuation plans which are to be discussed and routinely rehearsed with the children.

i)~~h)~~ Adequate closet and dresser space comparable to that provided to the other children of the household shall be provided for each foster child to accommodate personal belongings.

j)~~i)~~ Foster parents shall respect childrens' rights to privacy while sleeping, toileting and dressing.

(Source: Amended at 23 Ill. Reg. 7877, effective JUL 15 1999)

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED RULES

1) Heading of the Part: Calculation of Excess Cost Under Section 18-3 of the School Code.

2) Code Citation: 23 Ill. Adm. Code 140

3)

Section Number:	Adopted Action:
140.10	New Section
140.20	New Section
140.30	New Section
140.40	New Section

4) Statutory Authority: 105 ILCS 5/18-3

5) Effective Date of Rules: July 1, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? The rules do not include an incorporation by reference pursuant to Section 5-75 of the Illinois Administrative Procedure Act.

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: March 12, 1999; 23 Ill. Reg. 2832

10) Has JCAR issued a Statement of Objections to these rules? No

11) Differences between proposal and final version:

Section 140.20(b) was revised to refer to equipment, services, or materials that "are not part of or that exceed the regular program provided to other students in the district's schools".

Section 140.20(b)(2) was revised to state that services may be claimed only if they "exceed or are not part of the normal configuration".

Section 140.30(a) was revised to refer to a program "that is provided solely on the premises of the facility where they reside or is otherwise physically separate".

Section 140.30(a)(4) was revised to refer to services "that are not included in or that exceed the level provided in the regular program".

The word "any" was deleted from the phrase "any other students" in Section 140.30(b)(1).

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED RULES

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested by JCAR, and no agreement letter was issued.

13) Will these rules replace emergency rules currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rules:

This new Part responds to P.A. 90-644, which took effect on July 24, 1998. That Act changed the rate of reimbursement available to school districts that provide educational services to groups of students who reside in settings such as orphanages and detention centers. Section 18-3 of the School Code now allows districts to claim reimbursement for these programs at 1.2 times the district's per capita tuition charge. It also permits them to claim reimbursement for costs they incur that are in excess of that amount. The purposes of Part 140 are:

- to identify the information districts must submit to substantiate their claims; and

- set forth the basis upon which reimbursement will be calculated.

16) Information and questions regarding these adopted rules shall be directed to:

Name: Marcia Sailsbury
Division of Funding and Disbursements
Address: Illinois State Board of Education
100 North First Street
Springfield, Illinois 62777-0001
Telephone: (217) 782-5256

The full text of the adopted rules begins on the next page:

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED RULES

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER c: FINANCE

PART 140
CALCULATION OF EXCESS COST UNDER SECTION 18-3 OF THE SCHOOL CODE

Section
140.10 Purpose and Applicability
140.20 Allowable Costs
140.30 Requirements for Submission of Claims
140.40 Calculation of Reimbursement

AUTHORITY: Implementing and authorized by Section 18-3 of the School Code [105 ILCS 5/18-3] (see P.A. 90-644, effective July 24, 1998).

SOURCE: Adopted at 23 Ill. Reg. 7882, effective JUL - 1 1999.

Section 140.10 Purpose and Applicability

Section 18-3 of the School Code [105 ILCS 5/18-3] (see P.A. 90-644, effective July 24, 1998) provides for the reimbursement to school districts of the cost of the regular program provided to the students described in that Section. It also provides for the reimbursement of excess costs incurred by a district that provides to such students services beyond those encompassed by the district's regular program. This Part establishes the requirements applicable to claims for reimbursement of such excess costs.

Section 140.20 Allowable Costs

a) The reimbursement that is the subject of this Part shall be available only with respect to individual pupils who are:
   1) enrolled full-time in a claiming district's regular education program; and
   2) served at a cost that exceeds 120 percent of the district's per capita tuition charge calculated as specified in Section 18-3 of the School Code.

b) Claims may be submitted pursuant to this Part only with respect to costs incurred in the provision of equipment, services, or materials that are not part of or that exceed the regular program provided to other students who are served in the district's schools.
   1) Special equipment used for only one pupil may be claimed only if it will move with the student if the student changes districts or programs.
   2) Specific, unique services provided for an individual pupil may be claimed only if they exceed or are not part of the normal configuration of services and if their costs are not already included in the cost of the regular program for which the district also claims reimbursement under Section 18-3 of the School Code.

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED RULES

Section 140.30 Requirements for Submission of Claims

a) When a district files a claim for excess costs relative to pupils who are served in a program that is provided solely on the premises of the facility where they reside or is otherwise physically separate, the claim must include:
   1) a description of the regular program for which the district also claims reimbursement under Section 18-3 of the School Code;
   2) a report of the expenditures incurred by the district for the regular program described pursuant to subsection (a)(1), on forms supplied by the State Superintendent of Education;
   3) the number of pupils in average daily attendance in the regular program described in subsection (a)(1) during the term to which the claim applies;
   4) a record for each student, indicating:
      A) the pupil's name and date of birth,
      B) the services provided to the pupil that are not included in or that exceed the level provided in the regular program,
      C) the amount, intensity, and/or frequency of the services,
      D) the total hours of service provision, and
      E) the total cost of the services.

b) When a district files a claim for excess costs relative to pupils who are served in the district's regular attendance centers, the claim must include:
   1) a description of the services provided that exceed those otherwise provided within the attendance center in question, e.g., services not provided to the other students in that attendance center or services provided for more time than to other students within that attendance center; and
   2) a record for each student containing the information specified in subsection (a)(4) of this Section.

c) No later than ten days after receipt of a request for additional information, a district shall submit such information as the State Superintendent of Education may require for the purposes of clarifying the basis for its claim.

Section 140.40 Calculation of Reimbursement

a) The cost per student in average daily attendance ("ADA") in the regular program provided to students pursuant to Section 18-3 of the School Code will be calculated by dividing the total cost of that program as reported under Section 140.30(a)(2) of this Part by the number of students in average daily attendance in the program.

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b) The cost per student in ADA will be compared to the amount that represents 120 percent of the district's per capita tuition charge.
   1) If the cost per student in ADA is equal to or greater than 120 percent of the district's per capita tuition charge, the State Superintendent will reimburse the district for 100 percent of the individual costs claimed pursuant to Section 140.30 of this Part.
   2) If the cost per student in ADA is less than 120 percent of the district's per capita tuition charge, a calculation will be performed to offset the amount the district is allowed to claim for the regular program pursuant to Section 18-3 of the School Code. The excess cost amount claimed for serving a particular student will be added to the cost per student in ADA. From the sum of those two amounts, the amount that represents 120 percent of the per capita charge will subtracted. The State Superintendent will reimburse the district for 100 percent of the remainder. In other words:

      Cost per student in ADA in the program
      \+ Excess cost for Student X
      = Subtotal

      Subtotal from above
      \- 120% of district's per capita charge
      = Reimbursable amount for Student X

c) The State Superintendent may decline to reimburse costs that are not adequately documented or are inappropriate to a particular student's placement.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Aid to the Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

3)

Section Numbers:	Adopted Action:
113.253	Amendment
113.260	Amendment

4) Statutory Authority: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

5) Effective Date of Amendments: June 30, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: March 26, 1999 (23 Ill. Reg. 3554)

10) Has JCAR Issued a Statement of Objections to these amendments? No

11) Differences between proposal and final version: No substantive changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part: Yes

Section Numbers	Proposed Action	Illinois Register Citation
113.141	Amendment	23 Ill. Reg. 37

15) Summary and Purpose of Amendments: A grant adjustment is an allowance for Aid to the Aged, Blind or Disabled cases that ensures that the amount of the Supplemental Security Income (SSI) increase from July 1977 and later will be available to clients. To comply with federal regulations, this rulemaking increases the grant adjustment and sheltered care rate amounts by the amount of the increase in Social Security and SSI benefits to ensure that the cost of living increase is passed on to the recipient. Persons receiving both SSA and SSI will receive a total increase of 1.3%

DEPARTMENT OF HUMAN SERVICES

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for both benefits. The increase is received in the January 1999 SSA/SSI checks.

As a result of the $6 increase in January 1999 SSA/SSI benefits, these amendments increase the grant adjustment and the sheltered care rates by $6.

16) Information and answers to questions regarding these adopted amendments shall be directed to:

Mrs. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor, Harris Bldg.
Springfield, Illinois 62762
(217) 785-9772

The full text of adopted amendments begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section
113.1 Description of the Assistance Program
113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
113.9 Client Cooperation
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind
113.50 Disabled
113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section
113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Earmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income (Repealed)
113.109 Earned Income (Repealed)
113.110 Budgeting Earned Income (Repealed)
113.111 Protected Income
113.112 Earned Income
113.113 Exempt Unearned Income
113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115 Initial Employment

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113.116 Budgeting Earned Income For Contractual Employees
113.117 Budgeting Earned Income For Non-contractual School Employees
113.118 Termination of Employment
113.120 Exempt Earned Income
113.125 Recognized Employment Expenses
113.130 Income From Work/Study/Training Programs
113.131 Earned Income From Self-Employment
113.132 Earned Income From Roomer and Boarder
113.133 Earned Income From Rental Property
113.134 Earned Income In-Kind
113.139 Payments from the Illinois Department of Children and Family Services
113.140 Assets
113.141 Exempt Assets
113.142 Asset Disregard
113.143 Deferral of Consideration of Assets
113.154 Property Transfers For Applications Filed Prior To October 1, 1989 (Repealed)
113.155 Property Transfers For Applications Filed On Or After October 1, 1989 (Repealed)
113.156 Court Ordered Child Support Payments of Parent/Step-Parent
113.157 Responsibility of Sponsors of Non-citizens Entering the Country Prior to 8/22/96
113.158 Responsibility of Sponsors of Non-citizens Entering the Country On or After 8/22/96
113.160 Assignment of Medical Support Rights

SUBPART D: PAYMENT AMOUNTS

Section
113.245 Payment Levels for AABD
113.246 Personal Allowance
113.247 Personal Allowance Amounts
113.248 Shelter
113.249 Utilities and Heating Fuel
113.250 Laundry
113.251 Telephone
113.252 Transportation, Lunches, Special Fees
113.253 Allowances for Increase in SSI Benefits
113.254 Nursing Care or Personal Care in Home Not Subject to Licensing
113.255 Sheltered Care in a Licensed Group Care Facility
113.256 Shopping Allowance
113.257 Special Allowances for Blind and Partially Sighted (Blind Only)
113.258 Home Delivered Meals
113.259 AABD Fuel and Utility Allowances By Area
113.260 Sheltered Care Rates
113.261 Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and All Other Licensed Medical Facilities

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

113.262 Meeting the Needs of an Ineligible Dependent with Client's Income

SUBPART E: OTHER PROVISIONS

Section
113.300 Persons Who May Be Included In the Assistance Unit
113.301 Grandfathered Cases
113.302 Interim Assistance (Repealed)
113.303 Special Needs Authorizations
113.304 Retrospective Budgeting
113.305 Budgeting Schedule
113.306 Purchase and Repair of Household Furniture (Repealed)
113.307 Property Repairs and Maintenance
113.308 Excess Shelter Allowance
113.309 Limitation on Amount of AABD Assistance to Recipients from Other States (Repealed)
113.320 Redetermination of Eligibility
113.330 Attorney's Fees for VA Appellants (Repealed)

SUBPART F: INTERIM ASSISTANCE

Section
113.400 Description of the Interim Assistance Program
113.405 Pending SSI Application (Repealed)
113.410 More Likely Than Not Eligible for SSI (Repealed)
113.415 Non-Financial Factors of Eligibility (Repealed)
113.420 Financial Factors of Eligibility (Repealed)
113.425 Payment Levels for Chicago Interim Assistance Cases (Repealed)
113.430 Payment Levels for all Interim Assistance Cases Outside Chicago (Repealed)
113.435 Medical Eligibility (Repealed)
113.440 Attorney's Fees for SSI Applicants (Repealed)
113.445 Advocacy Program for Persons Receiving Interim Assistance (Repealed)
113.450 Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)
113.500 Attorney's Fees for SSI Appellants (Renumbered)

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; emergency expired January 28, 1979; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33,

p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended

at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by Sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg.

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NOTICE OF ADOPTED AMENDMENTS

3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 26, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective October 17, 1995; amended at 20 Ill. Reg. 858, effective December 29, 1995; emergency amendment at 21 Ill. Reg. 673, effective January 1, 1997, for a maximum of a 150 days; amended at 21 Ill. Reg. 7404, effective May 31, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 13642, effective July 15, 1998; emergency amendment at 22 Ill. Reg. 16348, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 18931, effective October 1, 1998; emergency amendment at 22 Ill. Reg. 21750, effective November 24, 1998, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 579, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1607, effective January 20, 1999; amended at 23 Ill. Reg. 5548, effective April 23, 1999; amended at 23 Ill. Reg. 6052, effective May 4, 1999; amended at 23 Ill. Reg. 6425, effective May 15, 1999; amended at 23 Ill. Reg. 6935, effective May 30, 1999; amended at 23 Ill. Reg. 7887, effective JUN 30 1999.

SUBPART D: PAYMENT AMOUNTS

Section 113.253 Allowances for Increase in SSI Benefits

a) An allowance for $321.90 ~~$279.90~~ is authorized for all AABD cases as a "grant adjustment". A grant adjustment is an allowance that ensures that the amount of the SSI increase from July 1977 and later will be available to clients.

b) EXCEPTIONS: For clients whose assistance payments include an allowance for Sheltered Care or Care Not Subject to Licensing a "grant adjustment" of $10 ~~$10.00~~ is authorized. Individuals receiving Interim Assistance or residing in long term group care facilities do not receive any "grant adjustment".

(Source: Amended at 23 Ill. Reg. 7887, effective

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JUN 30 1999)

Section 113.260 Sheltered Care Rates

Group II Counties	Needs Assessment	Group III Counties
$ 718.55~~676.55~~	0-7	$ 730.55~~688.55~~
723.55~~681.55~~	8	736.55~~694.55~~
728.55~~686.55~~	9	742.55~~700.55~~
733.55~~691.55~~	10	748.55~~706.55~~
738.55~~696.55~~	11	754.55~~712.55~~
743.55~~701.55~~	12	760.55~~718.55~~
748.55~~706.55~~	13	766.55~~724.55~~
753.55~~711.55~~	14	772.55~~730.55~~
758.55~~716.55~~	15	778.55~~736.55~~
763.55~~721.55~~	16	784.55~~742.55~~
768.55~~726.55~~	17	790.55~~748.55~~
773.55~~731.55~~	18	796.55~~754.55~~
778.55~~736.55~~	19	802.55~~760.55~~
783.55~~741.55~~	20	808.55~~766.55~~
788.55~~746.55~~	21	814.55~~772.55~~
793.55~~751.55~~	22	820.55~~778.55~~
798.55~~756.55~~	23	826.55~~784.55~~
803.55~~761.55~~	24	832.55~~790.55~~

a) Group II Counties are counties other than Cook, DuPage, Kane, Lake and Will.

b) Group III Counties are Cook, DuPage, Kane, Lake and Will.

c) Rate includes shelter factor and approved activity and social rehabilitation programs.
AGENCY NOTE: See 89 Ill. Adm. Code 140.850 through 140.885 for needs assessment guidelines.

(Source: Amended at 23 Ill. Reg. 7887, effective JUN 30 1999)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Temporary Assistance for Needy Families

2) Code Citation: 89 Ill. Adm. Code 112

3)

Section Numbers:	Adopted Action:
112.131	Amendment
112.134	Amendment
112.141	Amendment
112.155	Amendment
112.250	Amendment

4) Statutory Authority: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. IV and 12-13].

5) Effective Date of Amendments: July 1, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: April 23, 1999 (23 Ill. Reg. 4586)

10) Has JCAR Issued a Statement of Objections to these amendments? No

11) Differences between proposal and final version: No substantive changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
112.78	Amendment	23 Ill. Reg. 5637

15) Summary and Purpose of Amendments: These amendments simplify financial eligibility determinations for TANF cash assistance. These amendments eliminate the first financial eligibility test for active clients (i.e., gross income compared to the Federal Poverty Level). There is no adverse impact on clients as the second test, which is a comparison to the payment level, remains the same.

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These amendments also correct an error that exists in 89 Ill. Adm. Code 112.250. These provisions currently indicate that if the amount of a recipient unit's grant would be greater than $0 but less than $11, the recipient unit would not receive a grant. This error is being corrected by changing $11 to $1.

16) Information and answers to questions regarding these adopted amendments shall be directed to:

Mrs. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor, Harris Bldg.
Springfield, Illinois 62762
217/785-9772

The full text of adopted amendments begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 112
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

SUBPART A: GENERAL PROVISIONS

Section
112.1 Description of the Assistance Program
112.5 Incorporation by Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
112.8 Caretaker Relative
112.9 Client Cooperation
112.10 Citizenship
112.20 Residence
112.30 Age
112.40 Relationship
112.50 Living Arrangement
112.52 Social Security Numbers
112.54 Assignment of Medical Support Rights
112.60 Basis of Eligibility
112.61 Death of a Parent (Repealed)
112.62 Incapacity of a Parent (Repealed)
112.63 Continued Absence of a Parent (Repealed)
112.64 Unemployment of the Parent (Repealed)
112.65 Responsibility and Services Plan
112.66 Alcohol and Substance Abuse Treatment
112.67 Restriction in Payment to Households Headed by a Minor Parent
112.68 School Attendance Initiative
112.69 Felons and Violators of Parole or Probation

SUBPART C: TANF EMPLOYMENT AND WORK ACTIVITY REQUIREMENTS

Section
112.70 Employment and Work Activity Requirements
112.71 Individuals Exempt from TANF Employment and Work Activity Requirements
112.72 Participation/Cooperation Requirements
112.73 Adolescent Parent Program (Repealed)
112.74 Responsibility and Services Plan
112.75 Teen Parent Personal Responsibility Plan (Repealed)
112.76 TANF Orientation
112.77 Reconciliation and Fair Hearings

DEPARTMENT OF HUMAN SERVICES

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112.78 TANF Employment and Work Activities
112.79 Sanctions
112.80 Good Cause for Failure to Comply with TANF Participation Requirements
112.81 Responsible Relative Eligibility for JOBS (Repealed)
112.82 Supportive Services
112.83 Teen Parent Services
112.84 Work Experience Evaluation Project (Repealed)
112.85 Four Year College/Vocational Training Demonstration Project (Repealed)

SUBPART E: PROJECT ADVANCE

Section
112.86 Project Advance (Repealed)
112.87 Project Advance Experimental and Control Groups (Repealed)
112.88 Project Advance Participation Requirements of Experimental Group Members and Adjudicated Fathers (Repealed)
112.89 Project Advance Cooperation Requirements of Experimental Group Members and Adjudicated Fathers (Repealed)
112.90 Project Advance Sanctions (Repealed)
112.91 Good Cause for Failure to Comply with Project Advance (Repealed)
112.93 Individuals Exempt From Project Advance (Repealed)
112.95 Project Advance Supportive Services (Repealed)

SUBPART F: EXCHANGE PROGRAM

Section
112.98 Exchange Program (Repealed)

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section
112.100 Unearned Income
112.101 Unearned Income of Stepparent or Parent
112.105 Budgeting Unearned Income
112.106 Budgeting Unearned Income of Applicants Employed On Date of Application And/Or Date Of Decision
112.107 Initial Receipt of Unearned Income
112.108 Termination of Unearned Income
112.110 Exempt Unearned Income
112.115 Education Benefits
112.120 Incentive Allowances
112.125 Unearned Income In-Kind
112.126 Earmarked Income
112.127 Lump-Sum Payments
112.128 Protected Income (Repealed)
112.130 Earned Income
112.131 Earned Income Tax Credit

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112.132 Budgeting Earned Income
112.133 Budgeting Earned Income of Employed Applicants
112.134 Initial Employment
112.135 Budgeting Earned Income For Contractual Employees
112.136 Budgeting Earned Income For Non-Contractual School Employees
112.137 Termination of Employment
112.138 Transitional Payments (Repealed)
112.140 Exempt Earned Income
112.141 Earned Income Exemption
112.142 Exclusion From Earned Income Exemption
112.143 Recognized Employment Expenses
112.144 Income from Work-Study and Training Programs
112.145 Earned Income From Self-Employment
112.146 Earned Income From Roomer and Boarder
112.147 Income From Rental Property
112.148 Payments from the Illinois Department of Children and Family Services
112.149 Earned Income In-Kind
112.150 Assets
112.151 Exempt Assets
112.152 Asset Disregards
112.153 Deferral of Consideration of Assets
112.154 Property Transfers (Repealed)
112.155 Income Limit

SUBPART H: PAYMENT AMOUNTS

Section
112.250 Grant Levels
112.251 Payment Levels
112.252 Payment Levels in Group I Counties
112.253 Payment Levels in Group II Counties
112.254 Payment Levels in Group III Counties
112.255 Limitation on Amount of TANF Assistance to Recipients from Other States (Repealed)

SUBPART I: OTHER PROVISIONS

Section
112.300 Persons Who May Be Included in the Assistance Unit
112.301 Presumptive Eligibility
112.302 Reporting Requirements for Clients with Earnings
112.303 Retrospective Budgeting
112.304 Budgeting Schedule
112.305 Strikers
112.306 Foster Care Program
112.307 Responsibility of Sponsors of Non-Citizens Entering the County Prior to 8/22/96
112.308 Responsibility of Sponsors of Non-Citizens Entering the Country on or

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After 8/22/96
112.309 Institutional Status
112.310 Child Care for Representative Payees
112.315 Young Parent Program (Renumbered)
112.320 Redetermination of Eligibility
112.330 Extension of Medical Assistance Due to Increased Income from Employment
112.331 Four Month Extension of Medical Assistance Due to Child Support Collections
112.332 Extension of Medical Assistance Due to Loss of Earned Income Disregard (Repealed)
112.340 New Start Payments to Individuals Released from Department of Corrections Facilities (Repealed)

SUBPART J: CHILD CARE

Section
112.350 Child Care (Repealed)
112.352 Child Care Eligibility (Repealed)
112.354 Qualified Provider (Repealed)
112.356 Notification of Available Services (Repealed)
112.358 Participant Rights and Responsibilities (Repealed)
112.362 Additional Service to Secure or Maintain Child Care Arrangements (Repealed)
112.364 Rates of Payment for Child Care (Repealed)
112.366 Method of Providing Child Care (Repealed)
112.370 Non-JOBS Education and Training Program (Repealed)

SUBPART K: TRANSITIONAL CHILD CARE

Section
112.400 Transitional Child Care Eligibility (Repealed)
112.404 Duration of Eligibility for Transitional Child Care (Repealed)
112.406 Loss of Eligibility for Transitional Child Care (Repealed)
112.408 Qualified Child Care Providers (Repealed)
112.410 Notification of Available Services (Repealed)
112.412 Participant Rights and Responsibilities (Repealed)
112.414 Child Care Overpayments and Recoveries (Repealed)
112.416 Fees for Service for Transitional Child Care (Repealed)
112.418 Rates of Payment for Transitional Child Care (Repealed)

AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. IV and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2

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Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28,

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1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15690, effective November 9, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill. Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27, 1983; emergency amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27, 1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17894; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827, effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 1172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4682, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a

maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E recodified to SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13652, effective August 10, 1990; amended at 14 Ill. Reg. 14140, effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 2862, effective February 4, 1991, for a maximum of 150 days; emergency expired July 4, 1991; amended at 15 Ill. Reg. 5275, effective April 1, 1991; amended at 15 Ill. Reg. 5684, effective April 10, 1991; amended at 15 Ill. Reg. 11127, effective July 19, 1991; amended at 15 Ill. Reg. 11447, effective July 25, 1991; amended at 15 Ill. Reg. 14227, effective September 30, 1991; amended at 15 Ill. Reg. 17308, effective November 18, 1991; amended at 16 Ill. Reg. 9972, effective June 15, 1992; amended at 16 Ill. Reg. 11550, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 11652, effective July 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 13629, effective September 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 17724, effective November 9, 1992; amended at 16 Ill. Reg. 20147, effective December 14, 1992; amended at 17 Ill. Reg. 357, effective December 24, 1992; amended at 17 Ill. Reg. 813, effective January 15, 1993; amended at 17 Ill. Reg. 2253, effective February 15, 1993; amended at 17 Ill. Reg. 4312, effective March 25, 1993; emergency amendment at 17 Ill. Reg. 6325, effective April 9, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 6792, effective April 21, 1993; amended at 17 Ill. Reg. 15017, effective September 3, 1993; amended at 17 Ill. Reg. 19156, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 19696, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 5909, effective March 31, 1994; amended at 18 Ill. Reg. 6994, effective April 27, 1994; amended at 18 Ill. Reg. 8703, effective June 1, 1994; amended at 18 Ill. Reg. 10774, effective June 27, 1994; amended at 18 Ill. Reg. 12805, effective August 5, 1994; amended at 18

Ill. Reg. 15774, effective October 17, 1994; expedited correction at 19 Ill. Reg. 998, effective October 17, 1994; amended at 19 Ill. Reg. 2845, effective February 24, 1995; amended at 19 Ill. Reg. 5609, effective March 31, 1995; amended at 19 Ill. Reg. 7883, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 10206, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 12011, effective August 7, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 12664, effective September 1, 1995; emergency amendment at 19 Ill. Reg. 15244, effective November 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15661, effective November 3, 1995; emergency amendment at 19 Ill. Reg. 15839, effective November 15, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 845, effective January 1, 1996; amended at 20 Ill. Reg. 3538, effective February 15, 1996; amended at 20 Ill. Reg. 5648, effective March 30, 1996; amended at 20 Ill. Reg. 6018, effective April 12, 1996; amended at 20 Ill. Reg. 6498, effective April 29, 1996; amended at 20 Ill. Reg. 7892, effective June 1, 1996; emergency amendment at 20 Ill. Reg. 12499, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14820, effective November 1, 1996; amendment at 20 Ill. Reg. 15983, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 662, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 940, effective January 7, 1997; amended at 21 Ill. Reg. 1366, effective January 15, 1997; amended at 21 Ill. Reg. 2655, effective February 7, 1997; amended at 21 Ill. Reg. 7391, effective May 31, 1997; emergency amendment at 21 Ill. Reg. 8426, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15597, effective November 26, 1997; emergency amendment at 22 Ill. Reg. 4466, effective February 24, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 12197, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 14420, effective July 24, 1998; amended at 22 Ill. Reg. 14744, effective August 1, 1998; amended at 22 Ill. Reg. 16256, effective September 1, 1998; emergency amendment at 22 Ill. Reg. 16365, effective September 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 18082, effective October 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19840, effective November 1, 1998; emergency amendment at 23 Ill. Reg. 598, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 942, effective January 6, 1999; emergency amendment at 23 Ill. Reg. 1133, effective January 7, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1682, effective January 20, 1999; emergency amendment at 23 Ill. Reg. 5881, effective May 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 6958, effective May 30, 1999; amended at 23 Ill. Reg. 7091, effective June 4, 1999; amended at 23 Ill. Reg. 7896, effective JUL - 1 1999.

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section 112.131 Earned Income Tax Credit

In determining eligibility and level of assistance ~~against the Federal Poverty~~

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~~level--and--the-payment-level~~, the amount of earned income tax credit which the client receives as advance payment or as a refund of federal income taxes shall be exempt.

(Source: Amended at 23 Ill. Reg. 7896, effective JUL - 1 1999)

Section 112.134 Initial Employment

a) When a recipient reports that he has begun employment, a determination of continued eligibility shall be made.
b) Income which the recipient expects to receive during the payment month shall be considered in the determination of eligibility.
~~c) For--employed--recipients,--the--gross--income-will-be-compared-to-the federal-poverty-level-to-determine-continued-eligibility.~~
c)~~d)~~ The ~~If-the-recipient-remains-eligible,-the~~ gross income anticipated to be received shall be budgeted for the payment month.
d)~~e)~~ If a recipient fails to report that he has begun to work, a determination of eligibility shall be conducted when the Department learns of the employment. The Department shall also determine at that time whether there has been overpayment in accordance with 89 Ill. Adm. Code 102.100.

(Source: Amended at 23 Ill. Reg. 7896, effective JUL - 1 1999)

Section 112.141 Earned Income Exemption

a) At the time of application for assistance, each employed applicant will be allowed a $90 deduction from earned income. The remainder, plus all other nonexempt income, will be compared to the payment level to determine eligibility.
b) Employed families who received TANF during the six months prior to application who lost eligibility because of their earnings and child support, and for whom child support payments have ceased, shall receive the exemption in subsection (c) of this Section to determine eligibility.
c) For employed recipients, ~~the--gross--income-will-be-compared-to-the federal--poverty--level--to--determine--continued---eligibility.----If eligible,~~ one-third of each individual's earnings and all other nonexempt income will be deducted from the family's payment level.

(Source: Amended at 23 Ill. Reg. 7896, effective JUL - 1 1999)

Section 112.155 Income Limit

a) If at application a unit's total available monthly income before

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applying any deductions or exemptions, except for a $90 deduction from gross earnings, exceeds the payment level for a family of that size, the unit is ineligible for assistance.
b) For families receiving TANF, if the unit's total available monthly income, after applying any applicable deductions and the earned income exemption, exceeds the payment level ~~before-applying-any-deductions-or exemptions-including--all--earned--and--unearned--income--exceeds--the Federal--Poverty--level~~ for a family of that size, the unit is ineligible for assistance. ~~The-federal-Department-of-Health-and-Human Services-(HHS)-poverty-guidelines-will-be-used-as-the-poverty-level.~~

(Source: Amended at 23 Ill. Reg. 7896, effective JUL - 1 1999)

SUBPART H: PAYMENT AMOUNTS

Section 112.250 Grant Levels

a) The amount of a recipient unit's grant is the unit's appropriate payment level minus that unit's nonexempt income.
b) If the amount of a recipient unit's grant, as determined under the appropriate provisions of the program, would be greater than $0 but less than $1 ~~$11~~, the recipient unit is not eligible to receive a grant. However, such recipient units may be eligible for medical assistance.
c) If the amount of a recipient unit's grant, as determined under the appropriate provisions of the program, is not a whole dollar amount, the amount of the grant shall be rounded down to the next whole dollar amount.

(Source: Amended at 23 Ill. Reg. 7896, effective JUL - 1 1999)

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1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3)

Section Numbers:	Adopted Action:
148.140	Amendment
148.295	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date of Amendments: June 30, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: April 9, 1999 (23 Ill. Reg. 4176)

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Differences Between Proposal and Final Version: The following changes have been made in the text of the proposed rulemaking.

In Section 148.140(b)(2)(A), "as specified in Section 148.210" has been added after "Department".

In Section 148.140(b)(2)(A)(ii), the new language has been deleted.

New subsection (b)(2)(B) in Section 148.140 has been deleted, and for newly labeled subsections (b)(2)(C), (D) and (E), the previous labeling has been reinstated.

No other substantive changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? Yes

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Sections	Proposed Action	Illinois Register Citation
148.140	Amendment	July 2, 1999 (23 Ill. Reg. 7475)

15) Summary and Purpose of Amendments: These amendments to Section 148.140 add clarifications on Emergency Level I services and provide technical changes in Section 148.295 regarding critical hospital adjustment payments (CHAP).

The amendments concerning Emergency Level I services extend the range of such services to include an intense level of physician or nursing intervention and provide a clarification as to the meaning of "intense level". These changes are necessary to allow equitable reimbursement for time intensive services that are provided in a hospital's emergency department.

16) Information and questions regarding these adopted amendments shall be directed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217) 524-0081

The full text of the adopted amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 148
HOSPITAL SERVICES

Section
148.10 Hospital Services
148.20 Participation
148.25 Definitions and Applicability
148.30 General Requirements
148.40 Special Requirements
148.50 Covered Hospital Services
148.60 Services Not Covered as Hospital Services
148.70 Limitation On Hospital Services
148.80 Organ Transplants Services Covered Under Medicaid (Repealed)
148.82 Organ Transplant Services
148.90 Heart Transplants (Repealed)
148.100 Liver Transplants (Repealed)
148.110 Bone Marrow Transplants (Repealed)
148.120 Disproportionate Share Hospital (DSH) Adjustments
148.130 Outlier Adjustments for Exceptionally Costly Stays
148.140 Hospital Outpatient and Clinic Services
148.150 Public Law 103-66 Requirements
148.160 Payment Methodology for County-Owned Hospitals in an Illinois County with a Population of Over Three Million
148.170 Payment Methodology for Hospitals Organized Under the University of Illinois Hospital Act
148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals Organized Under the Town Hospital Act
148.180 Payment for Pre-operative Days, Patient Specific Orders, and Services Which Can Be Performed in an Outpatient Setting
148.190 Copayments
148.200 Alternate Reimbursement Systems
148.210 Filing Cost Reports
148.220 Pre September 1, 1991 Admissions
148.230 Admissions Occurring on or after September 1, 1991
148.240 Utilization Review and Furnishing of Inpatient Hospital Services Directly or Under Arrangements
148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
148.260 Calculation and Definitions of Inpatient Per Diem Rates
148.270 Determination of Alternate Cost Per Diem Rates for All Hospitals; Payment Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other Hospitals
148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals Reimbursed Under Special Arrangements
148.285 Excellence in Academic Medicine Payments

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148.290 Adjustments and Reductions to Total Payments
148.295 Critical Hospital Adjustment Payment (CHAP)
148.296 Supplemental Critical Hospital Adjustment Payments (SCHAP)
148.297 Pediatric Outpatient Adjustment Payments
148.298 Pediatric Inpatient Adjustment Payments
148.300 Payment
148.310 Review Procedure
148.320 Alternatives
148.330 Exemptions
148.340 Subacute Alcoholism and Substance Abuse Treatment Services
148.350 Definitions
148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services
148.368 Volume Adjustment (Repealed)
148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services
148.380 Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services
148.390 Hearings
148.400 Special Hospital Reporting Requirements

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI, and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended

at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997,for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amendment at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 7908, effective July 1, 1999, for a maximum of 150 days.

Section 148.140 Hospital Outpatient and Clinic Services

a) Fee-For-Service Reimbursement
   1) Reimbursement for hospital outpatient services shall be made on a fee-for-service basis, except for:
      A) Those services that meet the definition of the Ambulatory Procedure Listing (APL) as described in subsection (b) of this Section.
      B) End stage renal disease treatment (ESRDT) services, as described in subsection (c) of this Section.
      C) Those services provided by a Certified Pediatric Ambulatory Care Center (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D).

      D) Those services provided by a Critical Clinic Provider as described in subsection (e) of this Section.
   2) Fee-for-service reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.
   3) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rate described in subsection (a)(2) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:
      A) The reimbursement rates described in subsection (a)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.
      B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
   4) Maternal and Child Health Program rates, as described in 89 Ill. Adm. Code 140 Table M, shall be paid to Certified Hospital Ambulatory Primary Care Centers (CHAPCC), as described in 89 Ill. Adm. Code 140.461(f)(1)(A) and Section 148.25(b)(5)(A), Certified Hospital Organized Satellite Clinics (CHOSC), as described in 89 Ill. Adm. Code 140.461(f)(1)(B) and Section 148.25(b)(5)(B), and Certified Obstetrical Ambulatory Care Centers (COBACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(C) and Section 148.25(b)(5)(C). Maternal and Child Health Program rates shall also be paid to Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), for covered services as described in 89 Ill. Adm. Code 140.462(e)(3), that are provided to non-assigned Maternal and Child Health Program clients, as described in 89 Ill. Adm. Code 140.464(b)(1).
   5) Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), shall be reimbursed in accordance with 89 Ill. Adm. Code 140.464(b)(2) for assigned clients.
   6) Hospitals described in Sections 148.25(b)(2)(A) and 148.25(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the

facility's fiscal year.

7) With the exception of the retrospective adjustment described in subsection (a)(3) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this Section.

b) Ambulatory Procedure Listing (APL)

Effective July 1, 1998, the Department will reimburse hospitals for certain hospital outpatient procedures as described in subsection (b)(1) of this Section.

1) APL Groupings

Under the APL, a list was developed that defines those technical procedures that require the use of the hospital outpatient setting, its technical staff or equipment. These procedures are separated into separate groupings based upon the complexity and historical costs of the procedures. The groupings are as follows:

A) Surgical Groups

i) Surgical group 1(a) consists of intense surgical procedures. Group 1(a) surgeries require an operating suite with continuous patient monitoring by anesthesia personnel. This level of service involves advanced specialized skills and highly technical operating room personnel using high technology equipment.

ii) Surgical group 1(b) consists of moderately intense surgical procedures. Group 1(b) surgeries generally require the use of an operating room suite or an emergency room treatment suite, along with continuous monitoring by anesthesia personnel and some specialized equipment.

iii) Surgical group 1(c) consists of low intensity surgical procedures. Group 1(c) surgeries may be done in an operating suite or an emergency room and require relatively brief operating times. Such procedures may be performed for evaluation or diagnostic reasons.

iv) Surgical group 1(d) consists of surgical procedures of very low intensity. Group 1(d) surgeries may be done in an operating room or emergency room, have a low risk of complications, and include some physician-administered diagnostic and therapeutic procedures.

B) Diagnostic and Therapeutic Groups

i) Diagnostic and therapeutic group 2(a) consists of advanced or evolving technologically complex diagnostic or therapeutic procedures. Group 2(a) procedures are typically invasive and must be administered by a physician.

ii) Diagnostic and therapeutic group 2(b) consists of technologically complex diagnostic and therapeutic procedures that are typically non-invasive. Group

2(b) procedures typically include radiological consultation or a diagnostic study.

iii) Diagnostic and therapeutic group 2(c) consists of other diagnostic tests. Group 2(c) procedures are generally non-invasive and may be administered by a technician and monitored by a physician.

iv) Diagnostic and therapeutic group 2(d) consists of therapeutic procedures. Group 2(d) procedures typically involve parenterally administered therapeutic agents. Either a nurse or a physician is likely to perform such procedures.

C) Group 3 reimbursement for services provided in a hospital emergency department will be made in accordance with one of the three levels described below. Emergency Services mean those services that are for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect that the absence of immediate attention would result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The determination of the level of service reimbursable by the Department shall be based upon the circumstances at the time of the initial examination, not upon the final determination of the client's actual condition, unless the actual condition is more severe.

i) Emergency Level I refers to Emergency Services provided in the hospital's emergency department for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries that pose an immediate significant threat to life or physiologic function <u>or requires an intense level of physician or nursing intervention. An "intense level" is defined as more than two hours of documented one-on-one nursing care or interactive treatment</u>.

ii) Emergency Level II refers to Emergency Services that do not meet the above definition of Emergency Level I care, but that are provided in the hospital emergency department for a medical condition manifesting itself by acute symptoms of sufficient severity.

iii) Non-Emergency/Screening Level means those services provided in the hospital emergency department that do not meet the requirements of Emergency Level I or II stated above. For such care, the Department will reimburse the hospital either applicable current FFS rates for the services provided or a screening fee,

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but not both. The reimbursement rate for the screening fee will be the same as the current applicable rate for procedure code 99282 (emergency department visit, as specified in the Physicians Current Procedural Terminology, fourth edition (CPT-4)).

D) Group 4 for observation services is established to reimburse such services that are provided when a patient's current condition does not warrant an inpatient admission but does require an extended period of observation in order to evaluate and treat the patient in a setting that provides ancillary resources for diagnosis or treatment with appropriate medical and skilled nursing care. The hospital may bill for both observation and other APL procedures but will be reimbursed only for the procedure (group) with the highest reimbursement rate. Observation services will be reimbursed under one of three categories: at least 60 minutes but less than six hours and 31 minutes of services; at least six hours and 31 minutes but less than 12 hours and 31 minutes of services; or 12 hours and 31 minutes or more of services.

E) Group 5 for psychiatric treatment services is established to reimburse for certain outpatient treatment psychiatric services that are provided by a hospital that is enrolled with the Department to provide inpatient psychiatric services. Under this group, the Department will reimburse Type A and Type B Psychiatric Clinic Services, as defined in Section 148.40(d)(2) and the Illinois Medicaid State Plan.

F) Group 6 for physical rehabilitation services is established to reimburse for certain outpatient physical rehabilitation services that are provided by a hospital that is enrolled with the Department to provide inpatient physical rehabilitation services.

2) Each of the groups described in subsection (b)(1) will be reimbursed by the Department considering the following:

A) With the exception of county-owned hospitals located in an Illinois county with a population greater than three million, and hospitals not required to file an annual cost report with the Department as specified in Section 148.210, reimbursement rates for each of the reimbursement groups described above shall be the lesser of:

i) the hospital's charge to the general public; or

ii) rates established by the Department.

B) For county-owned hospitals in an Illinois county with a population greater than three million, reimbursement rates for each of the reimbursement groups shall be specified by the Department. However, such rates shall be no lower than the rates in effect on June 1, 1992, except that this

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minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services is calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

C) Reimbursement rates for hospitals not required to file an annual cost report with the Department may be lower than those listed above. ~~Such rates will be specified in the Hospital Handbook.~~

D) The rate for each group is all-inclusive for services provided by the hospital. No separate reimbursement will be made for ancillary services or the services of hospital personnel. The one exception is that hospitals shall be allowed to bill separately, on a fee-for-service basis, for professional services of physicians who are salaried by the hospital and who provide Emergency Level I or II services in the emergency department. For the purposes of this Section, a salaried physician is a physician who is salaried by the hospital; a physician who is reimbursed by the hospital through a contractual arrangement to provide direct patient care; or a group of physicians with a financial contract to provide emergency department care.

3) The assignment of procedure codes to each of the reimbursement groups in subsection (b)(1) of this Section are detailed in the Department's Hospital Handbook and in notices to providers.

4) County Facility Outpatient Adjustment

A) Effective for services provided on or after July 1, 1995, county owned hospitals in an Illinois county with a population of over three million shall be eligible for a county facility outpatient adjustment payment. This adjustment payment shall be in addition to the amounts calculated under this Section and are calculated as follows:

i) Beginning with July 1, 1995, hospitals under this subsection shall receive an annual adjustment payment equal to total base year hospital outpatient costs trended forward to the rate year minus total estimated rate year hospital outpatient payments, multiplied by the resulting ratio derived when the value 200 is divided by the quotient of the difference between total base year hospital outpatient costs trended forward to the rate year and total estimated rate year hospital outpatient payments divided by one million.

ii) The county facility outpatient adjustment under this subsection shall be made on a quarterly basis.

B) County Facility Outpatient Adjustment Definition. The definitions of terms used with reference to calculation of

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the county facility outpatient adjustment are as follows:

i) "Base Year" means the most recently completed State fiscal year.

ii) "Rate Year" means the State fiscal year during which the county facility adjustment payments are made.

iii) "Total Estimated Rate Year Hospital Outpatient Payments" means the Department's total estimated outpatient date of service liability, projected for the upcoming rate year.

iv) "Total Hospital Outpatient Costs" means the statewide sum of all hospital outpatient costs derived by summing each hospital's outpatient charges derived from actual paid claims data multiplied by the hospital's cost-to-charge ratio.

5) No Year-End Reconciliation
With the exception of the retrospective rate adjustment described in subsection (b)(7) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (b).

6) Rate Adjustments
With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in subsection (b)(4) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in subsection (b)(4) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

7) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals reimbursed under the Ambulatory Care Program in the same manner as to encounter rate hospitals and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

8) Hospitals described in Section ~~Sections~~ 148.25(b)(2)(A) and ~~140.25~~(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

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c) Payment for outpatient end-stage renal disease treatment (ESRDT) services provided pursuant to Section 148.40(c) shall be made at the Department's payment rates, as follows:

1) For inpatient hospital services provided pursuant to Section 148.40(c)(1), the Department shall reimburse hospitals pursuant to Sections 148.240 through 148.300 and 89 Ill. Adm. Code 149.

2) For outpatient services or home dialysis treatments provided pursuant to Section 148.40(c)(2) or (c)(3), the Department will reimburse hospitals and clinics for ESRDT services at a rate which will reimburse the provider for the dialysis treatment and all related supplies and equipment, as defined in 42 CFR 405.2163 (1994). This rate will be that rate established by Medicare pursuant to 42 CFR 405.2124 and 413.170 (1994).

3) Payment for non-routine services. For services which are provided during outpatient or home dialysis treatment pursuant to Section 148.40(c)(2) or (c)(3) but are not defined as a routine service under 42 CFR 405.2163 (1994), separate payment will be made to independent laboratories, pharmacies, and medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.450, and 140.475 through 140.481, respectively.

4) Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400.

5) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in this subsection (c) shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in this subsection (c) shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

6) With the exception of the retrospective rate adjustment described in subsection (c)(5) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (c).

7) Hospitals described in Section 148.25(b)(2)(A) and (b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

d) Non Hospital Based Clinic Reimbursement

1) County-Operated Outpatient Facility Reimbursement
Reimbursement for all services provided by county-operated

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outpatient facilities, as described in Section 148.25(b)(2)(C), that do not qualify as either a Maternal and Child Health Program Managed Care clinics, as described in 89 Ill. Adm. Code 140.461(f), or as a Critical Clinic Provider, as described in subsection (e) of this Section, shall be on an all-inclusive per encounter rate basis as follows:

A) Base Rate. The per encounter base rate shall be calculated as follows:
   i) Allowable direct costs shall be divided by the number of direct encounters to determine an allowable cost per encounter delivered by direct staff.
   ii) The resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section, shall be multiplied by the Medicare allowable overhead rate factor to calculate the overhead cost per encounter.
   iii) The resulting product, as calculated in subsection (d)(1)(A)(ii) of this Section, shall be added to the resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section to determine the per encounter base rate.
   iv) The resulting sum, as calculated in subsection (d)(1)(A)(iii) of this Section, shall be the per encounter base rate.

B) Supplemental Rate
   i) The supplemental service cost shall be divided by the total number of direct staff encounters to determine the direct supplemental service cost per encounter.
   ii) The supplemental service cost shall be multiplied by the allowable overhead rate factor to calculate the supplemental overhead cost per encounter.
   iii) The quotient derived in subsection (d)(1)(B)(i) of this Section, shall be added to the product derived in subsection (d)(1)(B)(ii) of this Section, to determine the per encounter supplemental rate.
   iv) The resulting sum, as described in subsection (d)(1)(B)(iii) of this Section, shall be the per encounter supplemental rate.

C) Final Rate
   i) The per encounter base rate, as described in subsection (d)(1)(A)(iv) of this Section, shall be added to the per encounter supplemental rate, as described in subsection (d)(1)(B)(iv) of this Section, to determine the per encounter final rate.
   ii) The resulting sum, as determined in subsection (d)(1)(C)(i) of this Section, shall be the per encounter final rate.
   iii) The per encounter final rate, as described in subsection (d)(1)(C)(ii) of this Section, shall be

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adjusted in accordance with subsection (d)(2) of this Section.

2) Rate Adjustments
   Rate adjustments to the per encounter final rate, as described in subsection (d)(1)(C)(iii) of this Section, shall be calculated as follows:
   A) The reimbursement rates described in subsections (d)(1)(A) through (d)(1)(C) and (e)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
   B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
   C) The final rate described in subsection (d)(1)(C) of this Section shall be no less than $147.09 per encounter.

3) County-operated outpatient facilities, as described in Section 148.25(b)(2)(C), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (d).

4) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to encounter rate hospitals in the same manner as to hospitals reimbursed under the Ambulatory Care Program and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

e) Critical Clinic Providers

1) Effective for services provided on or after September 27, 1997, a clinic owned or operated by a county with a population of over three million, that is within or adjacent to a hospital, shall qualify as a Critical Clinic Provider if the facility meets the efficiency standards established by the Department. The Department's efficiency standards under this subsection (e) require that the quotient of total encounters per facility fiscal year for the Critical Clinic Provider divided by total full time equivalent physicians providing services at the Critical Clinic Provider shall be greater than:
   A) 2700 for reimbursement provided during the facility's cost reporting year ending during 1998,

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B) 2900 for reimbursement provided during the facility's cost reporting year ending during 1999,
C) 3100 for reimbursement provided during the facility's cost reporting year ending during 2000,
D) 3600 for reimbursement provided during the facility's cost reporting year ending during 2001, and
E) 4200 for reimbursement provided during the facility's cost reporting year ending during 2002.

2) Reimbursement for all services provided by any Critical Clinic Provider shall be on an all-inclusive per-encounter rate which shall equal reported direct costs of Critical Clinic Providers for each facility's cost reporting period ending in 1995, and available to the Department as of September 1, 1997, divided by the number of Medicaid services provided during that cost reporting period as adjudicated by the Department through July 31, 1997.

3) Critical Clinic Providers, as described in this subsection (e), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (e).

4) The reimbursement rates described in this subsection (e) shall be no less than the reimbursement rates in effect on July 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

(Source: Amended at 23 Ill. Reg. 7908, effective JUN 30 1999)

Section 148.295 Critical Hospital Adjustment Payments (CHAP)

Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25 (b)(1)(A), and hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section.

a) Trauma Center Adjustments (TCA)
The Department shall make a trauma center adjustment (TCA) to Illinois hospitals recognized, as of the last day of June preceding the CHAP rate period, as a Level I or Level II trauma center by the Illinois Department of Public Health, in accordance with the provisions of subsections (a)(1) through (a)(3) below.

1) Level I Trauma Center Adjustment (TCA).

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A) Criteria. Illinois hospitals that, on the last day of June preceding the CHAP rate period, are recognized as a Level I trauma center by the Illinois Department of Public Health shall receive the Level I trauma center adjustment.
B) Adjustment. Illinois hospitals meeting the criteria specified in subsection (a)(1)(A) above shall receive an adjustment as follows:
i) Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) above, shall receive an adjustment of $21,365 per Medicaid trauma admission in the CHAP base period.
ii) Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) above, shall receive an adjustment of $14,165 per Medicaid trauma admission in the CHAP base period.

2) Level II Rural Trauma Center Adjustment (TCA). Illinois rural hospitals, as defined in Section 148.25(g)(3), that, on the last day of June preceding the CHAP rate period, are recognized as a Level II trauma center by the Illinois Department of Public Health shall receive an adjustment of $11,565 per Medicaid trauma admission in the CHAP base period.

3) Level II Urban Trauma Center Adjustment (TCA). Illinois urban hospitals, as described in Section 148.25(g)(4), that, on the last day of June preceding the CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of $11,565 per Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:
A) The hospital is located in a county with no Level I trauma center; and
B) The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the last day of June preceding the CHAP rate period, and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in subsection (a)(3)(A) above; or the hospital is not located in a HPSA (42 CFR 5) and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(3)(A) above.

b) Rehabilitation Hospital Adjustment (RHA)
Illinois hospitals that, on the last day of June preceding the CHAP rate period, qualify as rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), and that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following three components:

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1) Treatment Component. All hospitals defined in subsection (b) above shall receive $4,595 per Medicaid Level I rehabilitation admission in the CHAP base period.
2) Facility Component. All hospitals defined in subsection (b) above shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:
   A) Hospitals with fewer than 60 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of $250,000 in the CHAP rate period.
   B) Hospitals with 60 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of $575,000 in the CHAP rate period.
3) Health Professional Shortage Area Adjustment Component. Hospitals defined in subsection (b) above, that are located in a Health Professional Shortage Area (HPSA) (42 CFR 5) as of the last day of June preceding the CHAP rate period, shall receive $300 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.

c) Direct Hospital Adjustment (DHA) Criteria
To qualify for the DHA under this subsection (c), hospitals must meet one of the following criteria.
1) Be an Illinois hospital located outside of Health Service Area (HSA) six that meets one of the following criteria:
   A) Has a Medicaid inpatient utilization rate on the last day of June preceding the CHAP rate period, as defined in Section 148.120(k)(5), greater than 60 percent and has an average length of stay of less than ten days.
   B) Is a major teaching hospital with 35 or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.
2) Be a hospital located in HSA six, excluding psychiatric and rehabilitation hospitals as defined in 89 Ill. Adm. Code 149.50(c)(1) and (c)(2), that meets one of the following criteria:
   A) Is a hospital whose sum of the critical weighting factors is greater than one standard deviation above the mean of the summed critical weighting factors for all hospitals located within the same planning area. The critical weighting factor is determined as follows:
      i) Hospitals that, on the last day of June preceding the CHAP rate period, are designated as a Level III, II, or I Perinatal Center by the Illinois Department of Public Health shall receive a critical weighting factor of 10, 7.5, or 5 respectively depending on the hospital's perinatal level designation.
      ii) Hospitals that, on the last day of June preceding the CHAP rate period, are recognized as a Level I or II Trauma Center by the Illinois Department of Public Health shall receive a critical weighting factor of ten or five respectively depending on the hospital's trauma level designation.
      iii) Hospitals that, on the last day of June preceding the CHAP rate period, are eligible for disproportionate share payments as described in Section 148.120(g)(1) or (g)(2) shall receive a critical weighting factor of five.
      iv) Hospitals that have an occupancy ratio, as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Illinois", which is available to the Illinois Department of Public Aid on the last day of June preceding the CHAP rate period, which is equal to or greater than the mean occupancy ratio for all hospitals in the planning area shall receive a critical weighting factor of five.
      v) Hospitals which have Medicaid obstetrical care admissions in the CHAP base period that are equal to or greater than one-half a standard deviation above the mean Medicaid obstetrical care admissions in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid obstetrical care admissions are greater than the mean but less than one-half a standard deviation above the mean Medicaid obstetrical care admissions in their planning area, the hospital shall receive a critical weighting factor of five.
      vi) Hospitals that on the last day of June preceding the CHAP rate period have a Medicaid inpatient utilization rate as defined in Section 148.120(k)(5) which is equal to or greater than one-half a standard deviation above the mean Medicaid inpatient utilization rate in their planning area, shall receive a critical weighting factor of ten. If the hospital's Medicaid inpatient utilization rate is greater than the mean but less than one-half a standard deviation above the mean Medicaid inpatient utilization rate in their planning area, the hospital shall receive a critical weighting factor of five.
      vii) Hospitals which have Medicaid general care admissions in the CHAP base period that are equal to or greater

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than one-half a standard deviation above the mean Medicaid general care admissions in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid general care admissions are greater than the mean but less than one-half a standard deviation above the mean Medicaid general care admissions in their planning area, the hospital shall receive a critical weighting factor of five.

viii) Hospitals which have a cost per day at 80 percent occupancy that is less than or equal to one-half a standard deviation below the mean cost per day at 80 percent occupancy in their planning area shall receive a critical weighting factor of ten. If the hospital's cost per day at 80 percent occupancy is greater than one-half a standard deviation below the mean cost per day at 80 percent occupancy but less than the mean cost per day at 80 percent occupancy in their planning area, the hospital shall receive a critical weighting factor of five.

B) Is a major teaching hospital with 40 or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.

C) Is a hospital with 3,200 or more total Medicaid admissions in the CHAP base period.

3) Be a hospital qualifying under subsection (c)(2) above that has the highest number of Medicaid obstetrical care admissions in the CHAP base period.

4) Be a hospital qualifying under subsection (c)(2) above that on the last day of June preceding the CHAP rate period, is designated as a Level III or II Perinatal Center by the Illinois Department of Public Health, and that has a Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), which is greater than one-half a standard deviation above the statewide mean Medicaid inpatient utilization rate, as defined in Section 148.120(k)(3), and that has at least one obstetrical graduate medical education program accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.

5) Be a children's hospital, which means a hospital devoted exclusively to caring for children. A hospital which includes a facility devoted exclusively to caring for children that is separately licensed as a hospital by a municipality shall be considered a children's hospital to the degree that the

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hospital's Medicaid care is provided to children.

d) DHA Adjustment

Calculation of the DHA is as follows:

1) Hospitals qualifying under subsection (c)(1)(A) above shall receive a DHA of $60 multiplied by the DHA Medicaid days in the CHAP base period.

2) Hospitals qualifying under subsection (c)(1)(B), (c)(2) or (c)(5) above shall receive a DHA of $30 multiplied by the DHA Medicaid days in the CHAP base period.

3) Hospitals qualifying under subsection (c)(5) above which have a Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), on the last day of June preceding the CHAP rate period, that is greater than 85 percent shall receive an additional $20 multiplied by the DHA Medicaid days in the CHAP base period.

4) Hospitals qualifying under subsection (c)(2)(B) above shall receive an additional $10 multiplied by the DHA Medicaid days in the CHAP base period.

5) Hospitals qualifying under subsections (c)(2)(A) and (c)(2)(B) of this Section will receive an additional $20 multiplied by DHA Medicaid days in the CHAP base period.

6) Hospitals qualifying under subsection (c)(3) or (c)(4) above shall receive an additional $120 multiplied by the DHA Medicaid days in the CHAP base period if their Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), on the last day of June preceding the CHAP rate period, is equal to or greater than 50 percent; or $65 multiplied by the DHA Medicaid days in the CHAP base period if their Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), on the last day of June preceding the CHAP rate period, is less than 50 percent.

e) Rural Critical Hospital Adjustment Payments (RCHAP)

Rural Critical Hospital Adjustment Payments (RCHAP) shall be made to rural hospitals, as described in 89 Ill. Adm. Code 140.80(j)(1), for certain inpatient admissions. The hospital qualifying under this subsection that has the highest number of Medicaid obstetrical care admissions during the CHAP base period shall receive $400,000 per year. The Department shall also make a RCHAP adjustment payment to hospitals qualifying under this subsection at a rate that is the greater of:

1) the product of $1,490 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or

2) the product of $150 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.

f) Each eligible hospital's critical hospital adjustment payment for the CHAP rate period shall equal the sum of the amounts described in subsections (a), (b), (d) and (e) above. The critical hospital adjustment payments shall be paid to eligible hospitals on a quarterly

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basis.

g) Critical Hospital Adjustment Limitations
Hospitals that qualify for trauma center adjustments under subsection (a) shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (a)(1) above, or a Level II trauma center as required for the adjustment described in subsection (a)(2) or (a)(3) above. In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased.

h) In order to maintain critical hospital access, the Department shall make an additional one time CHAP payment in fiscal year 1999 to hospitals that meet one of the following:
1) A hospital located in HSA six, with a sum critical weighting factor equal to or greater than 37.5 that has an MIUR as defined in Section 148.120(k)(5) that is equal to or greater than 60 percent. Such a hospital shall receive $10.50 multiplied by the DHA Medicaid days in the CHAP base period.
2) A hospital qualifying under subsection (c)(1)(A) of this Section with the highest number of Medicaid obstetrical care admissions in the CHAP base period. Such a hospital shall receive $59 multiplied by the DHA Medicaid days in the CHAP base period.

i) Critical Hospital Adjustment Payment Definitions
The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:
1) "CHAP base period" means State Fiscal Year 1994 for CHAP payments calculated for the July 1, 1995, CHAP rate period; State Fiscal Year 1995 for CHAP payments calculated for the July 1, 1996, CHAP rate period; etc.
2) "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.
3) "Cost per day at 80 percent occupancy" means the estimated inpatient cost per day had the hospital been operating at an 80 percent occupancy rate.
4) "Medicaid general care admission" means hospital inpatient admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.
5) "Medicaid inpatient day" means hospital inpatient days which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical

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assistance under Title XIX of the Social Security Act, excluding days for normal newborns and Medicare/Medicaid crossover days.
6) "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an occurrence code of 63 when applicable and an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.
7) "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (i)(6) above.
8) "Medicaid obstetrical care admission" means hospital inpatient admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th digit of 1 or 2; or V27 through V27.9; or V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.
9) "Medicaid psychiatric days", as used in subsection (i)(18) below, means hospital inpatient days for the Supplemental CHAP base that are billed to the Department with a category of service 21.
10) "Medicaid rehabilitation days", as used in subsection (i)(18) below, means hospital inpatient days for the Supplemental CHAP base that are billed to the Department with a category of service 22.
11) "Medicaid trauma admission" means those claims billed as admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59,

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853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99. For those hospitals recognized as Level I trauma centers solely for pediatric trauma cases, Medicaid trauma admissions are only calculated for the claims billed as admissions, excluding admissions for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with ICD-9-CM diagnoses within the above ranges for children under the age of 18 excluding admissions for normal newborns.

12) "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all Level II urban trauma centers.

~~13) "CHAP base period" means State Fiscal Year 1995 for RCHAP's calculated for the July 1, 1996, CHAP rate period; State Fiscal Year 1996 for RCHAP's calculated for July 1, 1997, CHAP rate period, etc.~~

13)~~14)~~ "RCHAP general care admission" means Medicaid General Care Admissions, as defined in subsection (i)(4) above, less RCHAP Obstetrical Care Admissions, occurring in the CHAP base period.

14)~~15)~~ "RCHAP obstetrical care admissions" means Medicaid General Care Admissions, as defined in subsection (i)(4) above, with a Diagnosis Related Group (DRG) of 370 through 375, occurring in the CHAP base period.

15)~~16)~~ "Total Medicaid admissions" means hospital inpatient admissions for the ~~Supplemental~~ CHAP base period for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns and Medicare/Medicaid crossover admissions.

16)~~17)~~ "Total Medicaid days" means hospital inpatient days for the CHAP base period for recipients of medical assistance under Title XIX of the Social Security Act, excluding days for normal newborns and Medicare/Medicaid crossover admissions.

17)~~18)~~ "DHA Medicaid days" means total Medicaid days that include Medicaid psychiatric days and Medicaid rehabilitation days for the CHAP base period multiplied by a factor of two.

(Source: Amended at 23 Ill. Reg. 7908, effective JUN 30 1999)

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Illinois Veterans' Homes Code

2) Code Citation: 77 Ill. Adm. Code 340

3)

Section Numbers:	Adopted Action:
340.1000	Amendments
340.1335	Amendments
340.1505	Amendments
340.1510	Amendments
340.1520	Amendments
340.1800	Amendments
340.1900	Amendments
340.1910	Amendments
340.1920	Amendments
340.1930	Repealer
340.1940	Amendments

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective date of amendments: July 15, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal was Published in Illinois Register: July 24, 1998 - 22 Ill. Reg. 13397

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Difference between proposal and final version: The following changes were made in response to comments received during the First Notice or public comment period:

1. In Section 340.330, the definition of "*Facitily or long-term care facility*" was amended as follows: (added after the second sentence) "*It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.*"; (at the end of the first subparagraph) "*other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;*"; (in the 6th subparagraph) "*Mental Health and Developmental Disabilities*" was replaced with "Human Services";

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(new subparagraph added) "*Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code* [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)".

2. In Section 340.1510(a), "so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases" was stricken.

3. Section 340.1510(b) was rewritten as follows:

"b) ~~A resident with a communicable, contagious or infectious disease shall not be admitted knowingly, except as allowed in subsection (d) of this Section. An individual, when~~ A resident who is suspected of or diagnosed as having any ~~such~~ communicable, contagious or infectious disease ~~, after admission~~, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the ~~Department's rules entitled "~~ Control of Communicable Diseases Code~~" 77 Ill. Adm. Code 690)~~ until isolation can be discontinued or the person can be transferred."

4. The last sentence in Section 340.1510(c) was revised as follows: "In addition, the ~~Department~~ facility shall also inform the Department ~~be informed~~ of all incidents of scabies ~~Scabies~~ and other skin infestations.

5. All existing language in Section 340.1510(d)(1)(a) and (b) and (d)(3) was stricken, and underlined language was deleted; subsection (d)(2) was renumbered as "(d)".

6. The first sentence in Section 340.1510(d) [formerly (d)(2)] was rewritten as follows:

"d) ~~2)~~ The facility shall notify the Department no later than five working days after the date of admission of any person with a communicable, contagious, or infectious disease ~~condition under subsection (d)(1) of this Section.~~"

7. Strikeouts were removed from Section 340.1800(d)(1); subsequent subsections were re-numbered.

8. "Required" was changed to "authorized" in Section 340.1800(d)(3).

9. Sections 340.1800(d)(4)-(8) was revised as follows:

"4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the

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facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials, supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a state-required inspection may have access to electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for the particular piece of information.

10. In Section 340.1900(b), second sentence, ", as needed," was inserted after "training"; "food" was inserted before "equipment".

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11. In Section 340.1900(b), third sentence, "eating" was added after "adaptive".

12. Section 340.1900(c) was rewritten as follows:

> A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year."

13. In Section 340.1910(c), third sentence, "consistency" was added after "regular".

14. In Section 340.1910(g), "posted" was changed to "available.

15. The opening paragraph of Section 340.1920 was rewritten as follows:

> "~~a)~~ Each resident shall be served food to meet the resident's needs and to meet the physician's orders. ~~The--daily--food--allowance-shall-meet-the-nutritional needs-of-each-resident~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances ~~recommended--dietary--allowances~~ of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. ~~and--shall--include--at least:~~"

16. In Section 340.1920(a), "Group" was added after "Products".

17. In Section 340.1920(a)(3), "or one cup frozen yogurt" was added after "yogurt.

18. A new Section 340.1920(a)(5) was added:

> "5) 1 1/2 cups ice cream or ice milk."

19. In Section 340.1920(b), the first sentence was stricken and replaced with the following:

> "A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving."

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20. In Section 340.1920(b)(6), "not more than twice a week and" was deleted in the first sentence; the second sentence was deleted.

21. A new Section 340.1920(b)(8) was added:

> "8) The content of meat alternative products shall be listed on the menu."

22. In Section 340.1920(c)(2)(B), "retinol equivalent (RE)" was added after "micrograms".

23. A new Section 340.1920(c)(3) was added:

> "3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving."

24. In Section 340.1920(d)(2), "noodles or grain product" was added.

25. Section 340.1920(d)(4) was rewritten:

> "4) 1/2 hamburger or hotdog bun, bagel or English muffin,".

26. The following new subsections were added in Section 340.1920(d):

> "6) One tortilla,
>
> 7) Three to four plain crackers (small),
>
> 8) 1/2 croissant (large), doughnut or danish (medium),
>
> 9) 1/16 cake,
>
> 10) Two cookies,
>
> 11) 1/12 pie (2-crust, 8").."

27. In Section 340.1920(g), existing language was stricken and underlined language was deleted; subsequent sections were renumbered.

28. Section 340.1920(g)(2) was rewritten:

> "2) Other meal patterns may be used if facilities are able to meet residents' needs using such plans."

The following changes were made in response to comments and suggestions of the JCAR:

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1. In Section 340.1505(a)(1), "~~Services~~" was reinstated.

2. In Section 340.1510(c), "shall" was added after "facility".

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of the amendments:

In Section 340.330 (Definitions), the definition of "dietitian" is amended to reference the Dietetic and Nutrition Services Practice Act [225 ILCS 30]. The definition of Dietetic Service Supervisor is amended to delete reference to a "qualified" dietitian, since licensed dietitians are deemed to be qualified. The term "qualified" is also deleted in the definition of "Social Worker". Qualification is indicated by licensure status. The definition of "Institutional occupancy" is being deleted, since the term is no longer used in the rules.

In Section 340.1335 (Infection Control), the requirement for a specific Infection Control Committee is being eliminated; instead a facility group, either an infection control committee, quality assurance committee, or other facility entity, shall establish policies and procedures for investigating, controlling, and preventing infections in the facility. Incorporated materials from the U.S. Public Health Service are updated.

In Section 340.1505 (Medical, Nursing and Restorative Services), more specific requirements for meeting residents' needs are being included.

In Section 340.1510 (Communicable Disease Policies), changes in wording are being made so that this Section conforms to corresponding Sections in other Parts governing long-term care facilities.

Section 340.1520 (Tuberculin Skin Test Procedure) is being revised to reference the Department's Control of Tuberculosis Code (77 Ill. Adm. Code 696).

Section 340.1800 (Resident Record Requirements) is being amended to include requirements for electronic or computer-generated signature, including development of a facility policy permitting such signatures and verification requirements.

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Section 340.1900 (Food Service Staff) is being amended to include more specific requirements for consultation in facilities where the food service director is not a dietitian.

Section 340.1910 (Diet Orders) is being amended to include more specific requirements for diet orders and therapeutic diets.

The heading of Section 340.1920 is being changed from "Adequacy of Diet and Meal Pattern" to "Meal Planning" to emphasize that this Section is to be used to plan menus and purchase food. The daily food allowances have been amended to correspond to the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Soy protein has been added as an allowance in the Meat Group. Examples of what constitutes a "serving" have been included in each food group.

Section 340.1930 (Therapeutic Diets) is being repealed, since requirements for therapeutic diets are being included in Section 340.1910.

The heading of Section 340.1940 is being changed from "Menu Planning" to "Menus and Foods Records". A requirement that food label information be kept on file for the current menu cycle is being added.

16) Information and questions regarding these adopted amendments shall be directed to:

Ms. Gail DeVito
Division of Legal Services
Department of Public Health
535 West Jefferson
Fifth Floor
Springfield, Illinois 62761
217/782-2043
(rules@idph.state.Il.us)

The full text of the adopted amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 340
ILLINOIS VETERANS' HOMES CODE

SUBPART A: GENERAL PROVISIONS

Section
340.1000 Definitions
340.1010 Incorporated and Referenced Materials
340.1110 General Requirements
340.1115 Federal Veterans' Regulations
340.1120 Application for License
340.1130 Criteria for Adverse Licensure Actions
340.1140 Denial of Initial License
340.1150 Revocation or Denial of Renewal of License
340.1160 Inspections, Surveys, Evaluations, and Consultations
340.1170 Presentation of Findings by the Department
340.1190 Ownership Disclosure
340.1200 Monitor and Receivership
340.1210 Determination of a Violation
340.1220 Determination of the Level of a Violation
340.1230 Plans of Correction and Reports of Correction
340.1240 Calculation of Penalties
340.1245 Conditions for Assessment of Penalties
340.1250 Reduction or Waiver of Penalties
340.1255 Supported Congregate Living Arrangement Demonstration
340.1260 Waivers

SUBPART B: POLICIES AND FACILITY RECORDS

Section
340.1300 Facility Policies
340.1310 Admission and Discharge Policies
340.1320 Disaster Preparedness
340.1330 Serious Incidents and Accidents
340.1335 Infection Control
340.1340 Facility Record Requirements
340.1350 Personnel Policies
340.1360 Initial Health Evaluation for Employees
340.1370 Administrator
340.1375 Personnel Requirements
340.1376 Registry of Certified Nurse Aides
340.1377 Health Care Worker Background Check

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SUBPART C: RESIDENT RIGHTS

Section
340.1400 Implementation of Resident Rights and Facility Responsibilities
340.1410 General
340.1420 Contract Between Resident and Facility
340.1430 Residents' Advisory Council
340.1440 Abuse and Neglect
340.1450 Communication and Visitation
340.1460 Resident's Funds
340.1470 Transfer or Discharge
340.1480 Complaint Procedures
340.1490 Private Right of Action

SUBPART D: HEALTH SERVICES

Section
340.1500 Medical Care Policies
340.1505 Medical, Nursing and Restorative Services
340.1510 Communicable Disease Policies
340.1520 Tuberculin Skin Test Procedures
340.1530 Physician Services
340.1535 Dental Programs
340.1540 Life-Sustaining Treatments
340.1550 Obstetrical and Gynecological Care
340.1560 Nursing Personnel
340.1570 Personal Care
340.1580 Restraints
340.1590 None emergency Use of Physical Restraints
340.1600 Emergency Use of Physical Restraints
340.1610 Unnecessary, Psychotropic, and Antipsychotic Drugs
340.1620 Medication Administration
340.1630 Self-Administration of Medication

SUBPART E: MEDICATION ADMINISTRATION SERVICES

Section
340.1650 Medication Policies and Procedures
340.1655 Conformance with Physician's Orders
340.1660 Administration of Medication
340.1665 Control of Medication
340.1670 Labeling and Storage of Medication

SUBPART F: RESIDENT LIVING SERVICES

Section
340.1700 Recreational and Activity Programs
340.1710 Social Services

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340.1720 Work Programs

SUBPART G: RESIDENT RECORDS

Section
340.1800 Resident Record Requirements
340.1810 Content of Medical Record
340.1820 Records Pertaining to Resident's Property
340.1830 Retention, Transfer, and Inspection of Records
340.1840 Confidentiality of Resident's Records

SUBPART H: FOOD SERVICE

Section
340.1900 Food Service Staff
340.1910 Diet Orders
340.1920 Meal Planning ~~Adequacy of Diet and Meal Pattern~~
340.1930 Therapeutic Diets (Repealed)
340.1940 Menus and Food Records ~~Menu Planning~~
340.1950 Food Preparation and Service
340.1960 Kitchen Equipment, Utensils and Supplies

SUBPART I: PHYSICAL PLANT SERVICES, FURNISHINGS, EQUIPMENT AND SUPPLIES

Section
340.2000 Maintenance
340.2010 Water Supply, Sewage Disposal and Plumbing
340.2020 Housekeeping
340.2030 Laundry Services
340.2040 Furnishings
340.2050 Equipment and Supplies
340.TABLE A Heat Index Table/Apparent Temperature
340.TABLE B Guidelines for the Use of Various Drugs

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rule adopted at 18 Ill. Reg. 10391, effective June 21, 1994, for a maximum of 150 days; emergency rule expired November 18, 1994; adopted at 19 Ill. Reg. 5679, effective April 3, 1995; emergency amendments at 20 Ill. Reg. 496, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10045, effective July 15, 1996; amended at 20 Ill. Reg. 12013, effective September 10, 1996; amended at 22 Ill. Reg. 3959, effective February 13, 1998; amended at 22 Ill. Reg. 7162, effective April 15, 1998; amended at 23 Ill. Reg. 1038, effective January 15, 1999; amended at 23 Ill. Reg. 7931, effective JUL 15 1999.

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SUBPART A: GENERAL PROVISIONS

Section 340.1000 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - The Right To:

Enter Any Facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the

express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 340.1580 as a physical restraint.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 340.1220 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a Type A or Type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide - any person providing direct personal care, training or habilitation services to residents.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - any drug that is *used for discipline or*

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convenience and is not required to treat medical symptoms or behavior manifestations of mental illness. (Section 2-106 of the Act)

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, that is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 340.1580 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed to practice dentistry, including persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:
self-care,
receptive and expressive language,
learning,

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mobility,
self-direction,
capacity for independent living, and
economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801.1 of the Act)

Dietetic Service Supervisor - a person who:

is a ~~qualified~~ dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who~~: is eligible for registration by the American Dietetic Association; or has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.~~ is a licensed dietitian as provided in the Dietetic and Nutrition Services Practice Act [225 ILCS 30].

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee. (Section

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1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility or long-term care facility - A private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 USCA ~~U.S.C.A.~~ 1395 et seq. and 1936 et seq.). *It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.* A "facility" may consist of more than one building as long as the buildings are on the same tract or adjacent tracts of land. However, there shall be no more than one "facility" in any one

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building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois other than homes, institutions or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 [225 ILCS 10];

Any "Community Living Facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Human Services ~~*Mental Health and Developmental Disabilities as a community integrated living arrangement as defined in the Community Integrated Living Arrangements Licensure and Certification Act*~~ [210 ILCS 135]; *or*

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]*; or*~~. (Section 1-113 of the Act)~~

Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)

Financial Resources - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - on duty a minimum of 36 hours, four days per week.

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Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Illinois Veterans' Home - a facility owned but not operated by the Illinois Department of Veterans' Affairs.

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. The Interdisciplinary Team includes at least the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

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Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

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Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

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Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the

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profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat violation - for purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door which the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or

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leaving the unsafe area.

Social Worker~~, Qualified~~ - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 340.1130(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in this Part, the supervisor must be on the premises if the person does not meet assistant level (two-year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who

meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

SUBPART B: POLICIES AND FACILITY RECORDS

Section 340.1335 Infection Control

~~a) The administrator shall assume the responsibility for the establishment of policies and procedures designed to control the spread of infections in the facility.~~

~~b) The administrator shall establish an Infection Control Committee, composed of one or more members of the medical staff, and one or more representatives of each of the services provided by the facility, such as nursing, administration, dietary, pharmacy, housekeeping~~

~~maintenance and other services. (This is not intended to limit the facility's organization of responsibilities. Any group which includes at least these members may constitute this committee.)~~

a) ~~c)~~ Policies ~~The committee shall establish policies~~ and procedures for investigating, controlling, and preventing infections in the facility~~,~~ shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures ~~established by the committee~~ shall be consistent with and include the requirements of the ~~rules of the Department of Public Health entitled~~ "Control of Communicable Diseases Code" (77 Ill. Adm. Code 690) and "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693). Activities shall be monitored ~~The committee shall monitor staff activities~~ to ensure that these policies and procedures are followed.

b) ~~d)~~ Each facility shall adhere to the recommendations of the U.S. Public Health Service contained in the publication entitled "Guidelines for the Prevention and Control of Nosocomial Infections." The publication may be obtained from the Center for Infectious Diseases, Centers for Disease Control, U.S. Public Health Service, Department of Health and Human Services, Atlanta, Georgia 30333. This publication includes the following guidelines:

1) "Guideline for Prevention of Catheter-Associated Urinary Tract Infections" (October 1981).
2) "Guideline for Handwashing and Hospital Environmental Control" (1985).
3) "Guideline for Prevention of Intravascular Infections" (October 1981).
4) "Guideline for Prevention of Surgical Wound Infections" (March 1982, Revised 1985).
5) "Guideline for Prevention of Nosocomial Pneumonia" (February 1994 ~~July 1982~~).
6) "Guideline for Isolation Precautions in Hospitals" (January 1996 ~~July 1983~~).
7) "Guideline for Infection Control in Hospital Personnel" (July 1983).

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

SUBPART D: HEALTH SERVICES

Section 340.1505 Medical, Nursing and Restorative Services

a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly

supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.

~~b) Restorative/rehabilitative--nursing--measures--shall-be-practiced-on-a 24-hour-day,-seven-day-week-basis.-Those-procedures-requiring--medical approval-shall-be-ordered-by-the-attending-physician.~~

1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nursing or ~~of~~ a state licensing authority. This person may be the Director of Nursing Services, Assistant Director of Nursing Services or another nurse designated by the Director of Nursing Services to be in charge of the restorative/rehabilitative nursing program.

2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion. ~~All--nursing--personnel--shall--encourage-and-assist residents-in-maintaining--good--body--alignment--while--standing, sitting,-or-lying-in-bed.~~

3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catherized unless the resident's clinical condition demonstrates that catheterization was necessary. ~~All-nursing--personnel--shall--assist--and--encourage residents-with-ambulation-as-often-as-necessary-but-not-less-than daily,-unless-otherwise-ordered-by-the-physician.~~

4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. ~~All--nursing-personnel-shall-teach-and-assist residents-with-safe-transfer-activities-in-an-effort-to-help-them retain-or-regain-their-maximum-level-of-independence.~~

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as necessary in an effort to help them retain or maintain their highest practicable level of functioning. ~~All-nursing-personnel-shall-assist--residents--in maintaining--maximum--joint--range--of-motion-and-active-range-of motion.~~

~~6) Residents--who--are--incontinent--shall--be--evaluated---for---an individualized----bowel--and--bladder-program,-and-such-a-program shall-be-instituted--when--appropriate.--The--use--of--indwelling catheters-shall-be-discouraged.~~

~~7) All--nursing-personnel-shall-encourage-and,-when-necessary,-teach residents-to-function-at-their-maximum-level-in-all-activities-of daily-living.~~

~~8) Documentation-of-resident-treatment-and-the--resident's--response to-the-treatment-shall-be-maintained.~~

b)~~c)~~ General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven-day-a-week basis:

1) Medications including oral, rectal, hypodermic, intravenous, and intramuscular shall be properly administered.

2) All treatments and procedures shall be administered as ordered by the physician. ~~Treatments--and--procedures,--including,-but-not limited-to,-enemas,-irrigations,-catheterization,-applications-of dressings-or-bandages,-and-supervision-of-special-diets-shall--be properly-carried-out-as-ordered-by-the-physician.~~

3) Objective observations of changes in a resident's conditions, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

c)~~d)~~ A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis, so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. ~~including-but-not-limited-to:~~

~~1) An-evaluation-of-each-resident-shall-be-conducted-upon-admittance and-as-necessary-to-determine-the-susceptibility-of-the--resident to--skin--breakdown.--Preventive--measures-and-treatment-measures shall-be-carried-out-by-facility-staff.~~

~~2) Skin-care-shall-be-provided,-which-includes-but-is-not-limited-to bathing,-clean-linen,-and-clothing-each-time--the--resident,--the bed-or-clothing-is-soiled.~~

~~3) Proper--equipment--shall-be-utilized-to-prevent-or-treat-pressure sores,-such-as-proper-padding-between-pressure--points,--adaptive~~

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~~equipment,-splints,-and-water-mattresses.~~

~~4) An--evaluation--of--each--resident's--nutritional-status-shall-be conducted-to-determine-if-increased-nutritional-support-is-needed in-the-treatment-of-pressure-sores.~~

~~5) Residents-shall-be-assisted-in-being-up-and-out-of-bed-as-much-as their-condition-permits.--The--residents--shall--be--repositioned every--two--hours--whether--in--bed--or--out--as-their-conditions indicate.~~

d)~~e)~~ If physical therapy, occupational therapy, speech therapy or any other specialized rehabilitative service is offered, it shall be provided by, or supervised by, a qualified professional in that specialty and upon the written order of the physician.

1) In addition to the provision of direct services, any such qualified professional personnel shall be used as consultants to the total restorative program and shall assist with resident evaluation, resident care planning, and inservice education.

2) Appropriate records shall be maintained by these personnel. Direct service to individual residents shall be documented on the individual clinical record as set forth in Section 340.1800(e) of this ~~the~~ Part. A summary of program consultation and recommendations shall be documented.

e) All necessary precautions shall be taken to assure that the resident's environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

Section 340.1510 Communicable Disease Policies

a) The facility ~~administrator~~ shall meet ~~assume the responsibility-for meeting-the--Department's--rules--entitled--"~~Control of Communicable Diseases Code" (77 Ill. Adm. Code 690). ~~so-that-there-is-a-minimum danger-of-transmission--of--contagious,--infectious,--or--communicable diseases.~~

b) ~~A-resident-with-a-communicable,-contagious-or-infectious-disease-shall not-be-admitted-knowingly,-except-as-allowed-in-subsection-(d)-of-this Section.~~ A resident who is ~~An--individual,--when~~ suspected of or diagnosed as having any communicable, contagious or infectious ~~such~~ disease~~,--after-admission,~~ , as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the ~~Department's---rules--entitled--"~~Control of Communicable Diseases Code"~~-(77-Ill.-Adm.-Code--690)~~ until isolation can be discontinued or the person can be transferred.

c) All illnesses required to be reported under the ~~rules--of--the Department-of-Public-Health-entitled-"~~Control of Communicable Diseases Code"~~--(77--Ill.-Adm.-Code-690)~~ and "Control of Sexually Transmissible

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Diseases Code" (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility ~~administrator~~ shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department ~~Department--shall-also-be-informed~~ of all incidents of scabies ~~Scabies~~ and other skin infestations.

d) ~~Admissions-of--Persons--with--Communicable--Contagious--or--Infectious Diseases.~~

~~1) Persons-with-communicable,-contagious,-or-infectious-diseases-may be-admitted-under-the-following-conditions:~~

~~A) When--a-person's-infectious-condition-is-directly-related-to one-or-more-chronic-decubital-ulcers,-from-which--laboratory tests--have--proven--the--presence-of-a-pathogenic-organism. Such-a-resident-may-be-admitted-when-the-facility-is-capable of--implementing---appropriate---treatment---and---isolation techniques,-to-avoid-secondary-spread-of-infection.~~

~~B) When--a--person's--condition-is-communicable,-contagious,-or infectious-only-through-blood-or-other-body--fluid--contact, such---as---hepatitis,--acquired--immunodeficiency--syndrome (AIDS),----AIDS-related----complex----(ARC),----or-----human immunodeficiency-virus-(HIV)-infection.~~

d)~~2)~~ The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease ~~condition--under subsection-(d)(1)-of-this-Section~~. The notice to the Department shall include at least the date of the admission and the nature of the condition.

~~3) Permission--to--admit--or--keep-a-person-with-other-communicable, contagious,--or--infectious--diseases--may--be--approved--by--the Department-on-an-individual-case-basis.--Such--approval--will--be dependent--upon-the-nature-of-the-infectious-condition-or-disease and-the-capability-of-the-facility-to-provide-proper-care-to--the person--and-to-adequately-safeguard-the-staff-and-other-residents of--the--facility--from--the--spread--of--primary--and--secondary infections.~~

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

Section 340.1520 Tuberculin Skin Test Procedures

Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). ~~requirements-in-this-Section.~~

~~a) Where--there--is-documentation-for-an-employee-or-resident-of-previous significant--skin---test---reaction---and---previous---treatment---for tuberculosis,--no--skin--test--is-required.--The-facility-shall-retain such--documentation--of--testing--and--treatment--in--the---employee's~~

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~~personnel record or the resident's medical record.~~

~~b) The tuberculin skin test shall consist of five tuberculin units of purified protein derivative administered intradermally using the Mantoux method.~~

~~c) A significant reaction shall be considered to exist when either of the following conditions are present:~~

~~1) There is an area of induration ten mm or more in diameter; or~~

~~2) There is an area of induration five mm or more in diameter and the attending physician or local health authority suspect tuberculosis on the basis of disease or exposure.~~

~~d) If the first test is nonsignificant, a second test shall be given at least one week, but no more than three weeks, after the first test.~~

~~e) If the first or second test reaction is significant, or if active tuberculosis is suspected at any time, the attending physician or local health authority shall order any further examinations and treatment that are considered necessary, such as x-rays, cultures, or sputum smears.~~

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

SUBPART G: RESIDENT RECORDS

Section 340.1800 Resident Record Requirements

a) Each facility shall designate an employee to be responsible for completing, maintaining and preserving the medical records.

b) Each facility shall have a medical record system that retrieves ~~facilitates the retrieval of~~ information regarding individual residents ~~as demonstrated by the facility~~.

c) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible, and available at all times to those personnel authorized by the facility's policies and to the Department's representatives.

d) Record entries shall meet the following requirements:

1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.

~~2) Each record entry shall be written in ink or typed, shall be signed, dated, and shall include the profession or title of the person making the entry.~~

2) All entries into the medical record shall be authenticated by the individual who made or authored the entry. "Authentication", for purposes of this Section, means identification of the author of a medical record entry by that author and confirmation that the contents are what the author intended.

3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other

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individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for the particular piece of information.

e) An ongoing resident record, including progression toward and regression from established resident goals, shall be maintained.

1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change.

2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or rehabilitation services, shall be included in the resident's progress record when the recommendations pertain to an individual resident.

3) The record shall include medically defined conditions and prior medical history, medical status, physical and mental functional status, sensory and physical impairments, nutritional status and requirements, special treatments and procedures, mental and psychosocial status, discharge potential, rehabilitation potential, cognitive status and drug therapy.

f) A medication administration record shall be maintained, which contains the date and time each medication is given, name of drug, dosage, and by whom administered. A medication administration record is not required for residents who have been approved to be fully responsible for their own medications in accordance with Section 340.1630(c).

g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. This does not prohibit the use of universal progress notes.

h) Discharge information shall be completed within 48 hours after the resident leaves the facility. Resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form. The discharge information shall also include reasons for discharge, diagnosis, individual habilitation plan, physical, pertinent medical and social histories, orders, and staff recommendations for immediate care to ensure the optimal continuity of care for the resident.

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

SUBPART H: FOOD SERVICE

Section 340.1900 Food Service Staff

a) A full-time person ~~Each facility shall have a food service--supervisor~~ who is a dietician or dietetic service supervisor shall ~~, and who has been designated by the administration to~~ be responsible for the total food and nutrition services ~~service operation~~ of the facility. The food service supervisor may assume cooking duties but only if these duties do not interfere with the responsibilities of management and supervision.

b) If the person responsible for the food service ~~supervisor~~ is not a dietitian, the person ~~food service supervisor~~ shall have frequent and regularly scheduled consultation from a dietitian. This consultation, given in the facility, shall include ~~consultation--and~~ training, as needed, in areas ~~all food service procedures~~ such as menu planning and review, food preparation, food storage, food service, safety,

sanitation and use of food equipment ~~management--of--therapeutic~~. Clinical management of therapeutic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical assessments; physical limitations; adaptive eating equipment; clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions. ~~Inservice education in appropriate subject areas shall be given to all facility staff.~~

c) A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year.

d)~~c)~~ A ~~There shall be~~ sufficient number of food service personnel shall be employed and on duty to meet the dietary needs of all residents eating meals in the facility. Food service staff working hours shall be scheduled to meet the total dietary needs of the residents. All food service employees' time schedules and work assignments shall be posted in the kitchen. Dietary duties and job procedures shall be available in the food service for employees' information and use.

e)~~d)~~ Food service personnel shall be in good health and shall practice hygienic food handling techniques and good personal grooming.

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

Section 340.1910 Diet Orders

a) Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians when prescribing diets.

b)~~a)~~ Physicians shall write a diet order, in the medical record, ~~a diet order~~ for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered.

c)~~b)~~ A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet is changed. ~~A diet order for each resident shall be sent in writing to the--food--service--department--for--each--new-admission and for every subsequent change in diet for that resident as~~ Each change shall be ordered by the ~~his~~ physician. The diet order shall include, at a minimum, ~~but is not limited to,~~ the following information: name of resident~~,~~, room and bed number~~,~~, type of diet~~,~~, consistency~~,~~ if other than regular consistency ~~,~~, date diet order is sent to dietary~~,~~, name of physician ordering the diet~~,~~, and the signature of the person transmitting the order to the food service department.

d)~~c)~~ The resident shall be observed to determine acceptance ~~or--lack--of~~

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~~acceptance~~ of the diet, and these observations shall be recorded in the medical ~~resident's~~ record.

e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

f) All therapeutic diets shall be medically prescribed and shall be planned or approved by a dietitian.

g) The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.

h) All oral liquid diets shall be reviewed every 48 hours. Medical soft diets, sometimes known as transitional diets, shall be reviewed every three weeks. All other therapeutic and mechanically altered diets, including commercially prepared formulas that are in liquid form and blenderized liquid diets, shall be reviewed as needed, or at least every three months.

(Source: Amended at 23 Ill. Reg. 7931, effective ~~JUL 15 1999~~)

Section 340.1920 Meal Planning ~~Adequacy of Diet and Meal Pattern~~

~~a)~~ Each resident shall be served food to meet the resident's needs and to meet the physician's orders. ~~The daily food allowance shall meet the nutritional needs of each resident~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances ~~recommended dietary allowances~~ of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. ~~and shall include least:~~

a)~~1)~~ Milk and Milk Products Group: ~~Two (2) servings of milk. One serving of milk is eight (8)~~ 16 ounces or more of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption. Calcium equivalents for eight ounces of milk: ~~and is equivalent, as follows~~

1)~~A)~~ 1 1/2 ounces natural cheese, ~~One inch cube of cheddar type cheese equals one half cup milk.~~

2)~~B)~~ Two ounces processed cheese, ~~Two thirds cup cottage cheese equals one half cup milk.~~

3)~~C)~~ One cup yogurt, or one cup frozen yogurt, ~~One cup ice cream equals one half cup milk.~~

4) One cup cottage cheese, or

5) 1 1/2 cups ice cream or ice milk.

b)~~2)~~ Meat Group: ~~Two (2) servings of edible meat or other good quality protein food.~~ A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food

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items repeated within the same day shall not be counted as meeting a required serving. The following are examples of one serving: ~~One serving is equivalent, as follows~~

1)~~A)~~ Three ~~(3)~~ ounces (excluding bone, fat and breading) of any cooked meat such as whole or ground beef, veal, pork or lamb; poultry; organ meats such as liver, heart, kidney; prepared luncheon meats.

2)~~B)~~ Three ~~(3)~~ ounces (excluding skin and breading) of cooked fish or shell fish or 1/2 ~~one half~~ cup canned fish.

3)~~C)~~ Three ~~(3)~~ ounces of natural or processed cheese or 3/4 ~~three fourths~~ cup cottage cheese.

4)~~D)~~ Three ~~(3)~~ eggs (minimum weight of ~~twenty one (~~ 21~~)~~ ounces per dozen, considered a medium egg). Note: If one egg is served at a meal, ~~breakfast the~~ a protein food of good quality may be reduced from six ~~(6)~~ to five ~~(5)~~ ounces for the remaining meals. If two ~~(2)~~ eggs are served at a meal, a minimum of two ounces of good quality~~breakfast, the~~ protein shall be served at each of the remaining meals. ~~food of good quality may be reduced from six (6) to four (4) ounces~~

5)~~E)~~ 1 1/2 ~~One~~ cups ~~cup~~ cooked dried peas or beans~~,~~, six ~~(6)~~ tablespoons of peanut butter~~,~~, one cup nuts, ~~or three (3) ounces of textured or soy bean entree~~ not more than twice a week and provided that eggs, cheese, milk or lean meat is ~~are~~ served at the same meal.

6) Three ounces of soy protein containing not less than 21 grams of protein, or in combination with other sources of quality protein to equal 21 grams of protein, provided that it is acceptable to the resident population.

7)~~F)~~ Combinations of all above examples are acceptable, provided the minimum ~~standard~~ of six ~~(6)~~ ounces of a good quality protein ~~food of good quality~~ is served daily and provided that the combinations do not conflict with eye appeal or palatability.

8) The content of meat alternative products shall be listed on the menu.

c)~~3)~~ Vegetable and Fruit Group: Five or more ~~Four (4)~~ servings of vegetables or fruits ~~fruits~~.

1) A ~~One~~ serving consists of: ~~is equivalent to one half cup. Within these four (4) daily services:~~

A) 1/2 cup chopped raw, cooked, canned or frozen fruit or vegetables;

B) 3/4 cup fruit or vegetable juice; or

C) One cup raw leafy vegetable.

2) The five or more servings shall consist of:

A) Sources of vitamin C

~~A)~~i) One ~~daily~~ serving ~~shall be~~ of a good source of vitamin C ~~or two (2) daily servings shall be of a fair source of vitamin C. A good source of vitamin C may include grapefruit, grapefruit juice, orange, orange juice,~~

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~~cantaloupe, strawberries, broccoli, brussels--sprouts, green--peppers or sweet red peppers. A fair source of vitamin--C--may--include--cabbage,---collards,---kale, kohlrabi, mustard greens, potatoes, spinach, tomatoes, tomato--juice, turnip greens.~~ (containing at least 60 mg of vitamin C); or

ii) Two servings of a fair source of vitamin C. This may be more than one food item and shall contain a total of at least 65 mg of vitamin C.

~~Three (3) weekly servings shall be of a good source of vitamin A. A good source of vitamin A may include apricots, broccoli, cantaloupe, carrots, chard, collards, kale, persimmon, pumpkin, spinach, sweet potato, turnip greens, winter squash.~~

B) One serving of a good source of vitamin A at least three times a week supplying at least 1000 micrograms retinol equivalent (RE) of vitamin A. ~~Three (3) weekly servings shall be of a good source of vitamin A. A good source of vitamin A may include apricots, broccoli, cantaloupe, carrots, chard, collards, kale, persimmon, pumpkin, spinach, sweet potato, turnip greens, winter squash.~~

C) Other fruits and vegetables, including potatoes, that may be served in 1/3 cup or larger portions.

3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving.

d)~~4)~~ Bread, Cereal, Rice and Pasta Group: Six or more ~~Four (4)~~ servings of whole grain, enriched or restored products ~~breads or cereals~~. One serving equals: ~~is equivalent~~

1)~~A)~~ One slice of bread,

2)~~B)~~ 1/2 ~~One-half~~ cup of cooked cereal, rice, pasta, noodles or grain product,

3)~~C)~~ 3/4 ~~Three-fourths~~ cup of dry, ready-to-eat ~~cold~~ cereal,

4) 1/2 hamburger or hotdog bun, bagel or English muffin,

5) One 4-inch diameter pancake,

6) One tortilla,

7) Three to four plain crackers (small),

8) 1/2 croissant (large), doughnut or danish (medium),

9) 1/16 cake,

10) Two cookies,

11) 1/12 pie (2-crust, 8").

e)~~5)~~ ~~A food item may not be considered to fulfill more than one of the requirements listed in Section 340.1920(a)(1) through (4). For example: Cheese may be used to fulfill the milk or meat requirement, not both.~~ Butter or Margarine: To ~~to~~ be used as a spread and in cooking.

f) Other foods shall be served to round out meals, satisfy individual appetites, improve flavor, and meet the individual's nutritional and caloric needs.

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~~6) To ensure variety, when a food item is served twice in the same day, it may only be considered to fulfill one of the requirements of Section 340.1920(a)(1) through (4) once. Except that two (2) eggs may be counted as described in Section 340.1920(a)(2)(B) and that bread may be counted more than once. For example if cheese was served at the noon and evening meal, one serving of cheese would be considered to fulfill one of the requirements of Section 340.1920(a)(1) through (4), and the purpose of the other serving may be to meet Section 340.1920(a)(7).~~

~~7) Other food items shall be served to round out meals, satisfy individual appetites, improve flavor, and meet individual calorie needs.~~

g)~~b)~~ Meals for the day shall be planned to provide a variety of foods, variety in texture and good color balance. The following meal patterns shall be used. ~~Each resident shall receive and the facility shall provide at least three meals daily, at regular times comparable to normal mealtimes in the community.~~

1) Three meals a day plan

A)~~1)~~ Breakfast: Fruit or juice, cereal, meat ~~Juice, Cereal, Meat~~ (optional, but ~~three-four~~ three to four times per week preferable), bread, butter or margarine, milk, and choice ~~Bread, Butter or Margarine, Milk and Choices~~ of additional beverage.

B)~~2)~~ Main Meal (may be served noon or evening): Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), ~~Potato~~ potato or potato substitute, vegetable or salad, ~~Vegetable or Salad,~~ dessert ~~Dessert~~ (preferably fruit unless fruit is served as a salad or will be served at other meal), ~~Bread, Butter or Margarine, and Choice~~ bread, butter or margarine, milk and choice of beverage.

C)~~3)~~ Lunch or Supper: Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute (optional if served at main meal), vegetable or salad, dessert, ~~Vegetable or Salad, Dessert,~~ bread, butter or margarine, milk, and choice ~~Bread, Butter or Margarine, Milk and Choice~~ of additional beverage.

2) Other meal patterns may be used if facilities are able to meet residents' needs using such plans.

i)~~c)~~ No ~~There shall be no~~ more than ~~a fourteen (~~ 14) hours shall occur ~~hour shall occur~~ between the usual beginning ~~commencement~~ of the evening meal and the usual beginning ~~commencement~~ of the morning meal.

j)~~d~~ Snacks of nourishing quality shall be offered at bedtime when there are ~~is a time span of~~ four ~~(4)~~ or more hours between the ending of the last meal and bedtime, or as otherwise indicated in the resident's plan of ~~or~~ care.

k)~~e)~~ If a resident refuses food served, reasonable and nutritionally appropriate substitutes shall be served.

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(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

Section 340.1930 Therapeutic Diets (Repealed)

~~a) A therapeutic diet is a diet that varies from the recommended nutritional requirements as specified in Section 340.1920.~~

~~b) All diets or dietary restrictions shall be planned or approved by a dietitian.~~

~~c) The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen.~~

~~d) All therapeutic diets, with the exception of liquid and medical soft, shall be reviewed at least every month. Liquid therapeutic diets shall be reviewed every forty-eight (48) hours. Medical soft diets shall be reviewed every three (3) weeks. This review shall be done by licensed nursing personnel or a qualified dietitian with recommendations to the attending physician.~~

~~e) The facility shall have available and in use two (2) or more copies of a current diet manual. One copy shall be located in the kitchen for use by dietary personnel; others shall be located at each nurses' station for use by the physician when prescribing diets.~~

(Source: Repealed at 23 Ill. Reg. 7931, effective JUL 15 1999)

Section 340.1940 Menus and Food Records ~~Menu Planning~~

a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook used for that purpose. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served.

b) The menu for the current week shall be dated and available ~~posted~~ in the kitchen. Upon the request of the Department, sample menus shall be submitted for evaluation.

c) Menus shall be different for the same day of consecutive weeks and adjusted for seasonal difference.

d) All menus as actually served shall be kept on file at the facility for not less than ~~thirty (~~ 30~~)~~ days.

e) Food label information for purchased prepared food listing food composition and, when available, nutrient content shall be kept on file in the facility.

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f) ~~e)~~ Supplies of staple foods for a minimum of a one week period and of perishable foods for a minimum of a two ~~(2)~~ day period shall be maintained on the premises. These supplies ~~Supplies~~ shall be appropriate to meet the requirements of the menu.

g) ~~f)~~ Records of all food purchased shall be kept on file in the facility for not less than ~~thirty (~~ 30~~)~~ days.

(Source: Amended at 23 Ill. Reg. 7931, effective JUL 15 1999)

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1) Heading of the Part: Intermediate Care for the Developmentally Disabled Facilities Code

2) Code Citation: 77 Ill. Adm. Code 350

3)

Section Numbers:	Adopted Action:
350.330	Amendments
350.1220	Amendments
350.1223	New Section
350.1225	Amendments
350.1230	Amendments
350.1610	Amendments
350.1810	Amendments
350.1840	Amendments
350.1850	Amendments
350.1860	Repealer
350.1880	Amendments
350.Appendix B	Repealer

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective date of amendments: July 15, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal was Published in Illinois Register: July 24, 1998 - 22 Ill. Reg. 13432

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Difference between proposal and final version:

The following changes were made in response to comments received during the First Notice or public comment period:

1. In Section 350.330, definition of "*Facility,*" the following was added after the second sentence: "*It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.*"; the following was added at the end of the first subparagraph: "*other than homes, institutions or other places operated by or under the authority of the Illinois Department of Veterans' Affairs*;"; in the seventh subparagraph, "*Mental Health and Developmental Disabilities*" was stricken and "*Human Services*" was added; a new subparagraph was added: "*Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code* [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)".

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2. Section 350.1223(a) was rewritten:

"a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690)."

3. In Section 350.1223(b), first sentence, "as defined in the Control of Communicable Diseases Code," was added after "disease".

4. Strikeouts were removed from the existing language in Section 350.1610(c)(1). The underlined language was renumbered as subsection (2); subsequent subsections were renumbered.

5. In Section 350.1610(c)(3), "required" was changed to "authorized".

6. Section 350.1610(c)(4-8) was revised as follows:

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or

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inspector in the performance of a state-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for that particular piece of information.

7. Section 350.1810(b) was rewritten:

"b) A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional four minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year."

8. In Section 350.1840(c), third sentence, "consistency" was added after "regular".

9. The opening paragraph of Section 350.1850 was rewritten: "Each resident shall be served food to meet the resident's needs and to meet the resident's needs and to meet physician's orders. ~~The daily food allowance for each resident shall~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Allowances ~~meet the basic food pattern for a general diet for an adult following the recommendations~~ of the Food and Nutrition Board, of the National Research Council, National Academy of Sciences. ~~and shall include: (A, B)~~

10. In Section 350.1850(a), "Group" was added after "Products".

11. In Section 350.1850(a)(3), "or one cup frozen yogurt" was added after "yogurt".

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12. A new Section 350.1850(a)(5) was added:

"5) 1 1/2 cups ice cream or ice milk."

13. Section 350.1850(b) was revised as follows:

b) Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. ~~Two or more servings of protein food of good quality.~~ The following are examples of one serving:"

14. In Section 350.1850(b)(6), "not more than twice a week and" was deleted; "Protein alternatives shall be listed on the menu as such." was deleted.

15. A new Section 350.1850(b)(8) was added:

"8) The content of meat alternative products shall be listed on the menu."

16. In Section 350.1850(c)(2)(B), "retinol equivalent (RE)" was added after "micrograms".

17. A new Section 350.1850(c)(3) was added:

"3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving."

18. In Section 350.1850(d)(2), "noodles or grain product" was added after "pasta".

19. In Section 350.1850(d)(4), "or hotdog" was added; "bagel or English muffin," was added.

20. The following was added in Section 350.1850(d):

"6) One tortilla,

7) Three to four plain crackers (small),

8) 1/2 croissant (large), doughnut or danish (medium),

9) 1/16 cake,

10) Two cookies, or

11) 1/12 pie (2-crust, 8")."

21. Section 350.1850(g) was deleted; subsequent subsections were renumbered.

22. Section 350.1850(g)(2) was rewritten:

"2) ~~Other meal patterns may be used if facilities are able to meet residents' needs using such plans.~~"

23. In Section 350.1880(b), "posted" was stricken and "available" was added.

The following changes were made in response to comments and suggestions of the JCAR:

In the definition of "*Facility or Long-Term Care Facility*" in Section 350.330, the following was added after "Illinois" in the 19th line of the definition: "*other than homes, institutions or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.*"

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of the amendments:

In Section 350.330 (Definitions), the definition of "dietitian" is amended to reference the Dietetic and Nutrition Services Practice Act [225 ILCS 30]. The definition of Dietetic Service Supervisor is amended to delete reference to a "qualified" dietitian, since licensed dietitians are deemed to be qualified. The term "qualified" is also deleted in the definition of "Social Worker". Qualification is indicated by licensure status. The definition of "Institutional occupancy" is being deleted, since the term is no longer used in the rules.

In Section 350.1220 (Physician Services), provisions for resident evaluation are being clarified, and requirements concerning communicable diseases are being removed from this Section.

A new Section 350.1223 (Communicable Disease Policies) is being added to

include policies that were in Section 350.1220, plus new policies that will achieve consistency with the Department's other long-term care rules and the Department's reporting requirements. Infection control provisions are also included.

Section 350.1225 (Tuberculin Skin Test Procedure) is being revised to reference the Department's Control of Tuberculosis Code (77 Ill. Adm. Code 696).

In Section 350.1230 (Nursing Services), the term "health services supervisor" is being deleted. The term "director of nursing service" is used consistently in the rules. If the director of nursing is a licensed practical nurse, arrangements must be made for consultation in the facility at least four hours each week from a registered nurse. Specific requirements for a comprehensive assessment of a resident's needs have been included.

Section 350.1610 (Resident Record Requirements) is being amended to include requirements for electronic or computer-generated signature, including development of a facility policy permitting such signatures and verification requirements.

Section 350.1810 (Director of Food Services) is being amended to include more specific requirements for consultation in facilities where the food service director is not a dietitian.

Section 350.1840 (Diet Orders) is being amended to include more specific requirements for diet orders and therapeutic diets.

The heading of Section 350.1850 is being changed from "Adequacy of Diet and Meal Pattern" to "Meal Planning," to emphasize that this Section is to be used to plan menus and purchase food. The daily food allowances have been amended to correspond to the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Soy protein has been added as an allowance in the Meat Group. Examples of what constitutes a "serving" have been included in each food group.

Section 350.1860 (Therapeutic Diets) is being repealed, since requirements for therapeutic diets are being included in Section 300.2040.

The heading of Section 350.1880 is being changed from "Menu Planning" to "Menus and Foods Records." A requirement that food label information be kept on file for the current menu cycle is being added.

Section 350.APPENDIX B (Federal Requirements Regarding Patients/Residents' Rights) is being repealed. Resident rights are set forth in Subpart P of the rules.

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16) Information and questions regarding these adopted amendments shall be directed to:

Ms. Gail DeVito
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor,
Springfield, Illinois 62761
217/782-2043
(rules@idph.state.Il.us)

The full text of the adopted amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 350
INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section
350.110 General Requirements
350.120 Application for License
350.130 Licensee
350.140 Issuance of an Initial License for a New Facility
350.150 Issuance of an Initial License Due to a Change of Ownership
350.160 Issuance of a Renewal License
350.165 Criteria for Adverse Licensure Actions
350.170 Denial of Initial License
350.175 Denial of Renewal of License
350.180 Revocation of License
350.190 Experimental Program Conflicting With Requirements
350.200 Inspections, Surveys, Evaluations and Consultation
350.210 Filing an Annual Attested Financial Statement
350.220 Information to Be Made Available to the Public By the Department
350.230 Information to Be Made Available to the Public By the Licensee
350.240 Municipal Licensing
350.250 Ownership Disclosure
350.260 Issuance of Conditional Licenses
350.270 Monitor and Receivership
350.271 Presentation of Findings
350.272 Determination to Issue a Notice of Violation or Administrative Warning
350.274 Determination of the Level of a Violation
350.276 Notice of Violation
350.277 Administrative Warning
350.278 Plans of Correction
350.280 Reports of Correction
350.282 Conditions for Assessment of Penalties
350.284 Calculation of Penalties
350.286 Determination to Assess Penalties
350.288 Reduction or Waiver of Penalties
350.290 Quarterly List of Violators
350.300 Alcoholism Treatment Programs In Long-Term Care Facilities
350.310 Department May Survey Facilities Formerly Licensed
350.315 Supported Congregate Living Arrangement Demonstration
350.320 Waivers
350.330 Definitions
350.340 Incorporated and Referenced Materials

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SUBPART B: ADMINISTRATION

Section
350.510 Administrator

SUBPART C: POLICIES

Section
350.610 Management Policies
350.620 Resident Care Policies
350.625 Determination of Need Screening
350.630 Admission and Discharge Policies
350.640 Contract Between Resident and Facility
350.650 Residents' Advisory Council
350.660 General Policies
350.670 Personnel Policies
350.675 Initial Health Evaluation for Employees
350.680 Developmental Disabilities Aides
350.681 Health Care Worker Background Check
350.683 Registry of Developmental Disabilities Aides
350.685 Student Interns
350.690 Disaster Preparedness
350.700 Serious Incidents and Accidents

SUBPART D: PERSONNEL

Section
350.810 Personnel
350.820 Consultation Services
350.830 Personnel Policies

SUBPART E: RESIDENT LIVING SERVICES

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AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 495, effective March 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 30, p. 1, effective July 28, 1980; amended at 5 Ill. Reg. 1657, effective February 4, 1981; amended

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at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6453, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14544, effective November 8, 1982; amended at 6 Ill. Reg. 14675, effective November 15, 1982; amended at 6 Ill. Reg. 15556, effective December 15, 1982; amended at 7 Ill. Reg. 278, effective December 22, 1982; amended at 7 Ill. Reg. 1919 and 1945, effective January 28, 1983; amended at 7 Ill. Reg. 7963, effective July 1, 1983; amended at 7 Ill. Reg. 15817, effective November 15, 1983; amended at 7 Ill. Reg. 16984, effective December 14, 1983; amended at 8 Ill. Reg. 15574 and 15578 and 15581, effective August 15, 1984; amended at 8 Ill. Reg. 15935, effective August 17, 1984; amended at 8 Ill. Reg. 16980, effective September 5, 1984; codified at 8 Ill. Reg. 19806; amended at 8 Ill. Reg. 24214, effective November 29, 1984; amended at 8 Ill. Reg. 24680, effective December 7, 1984; amended at 9 Ill. Reg. 142, effective December 26, 1984; amended at 9 Ill. Reg. 331, effective December 28, 1984; amended at 9 Ill. Reg. 2964, effective February 25, 1985; amended at 9 Ill. Reg. 10876, effective July 1, 1985; amended at 11 Ill. Reg. 14795, effective October 1, 1987; amended at 11 Ill. Reg. 16830, effective October 1, 1987; amended at 12 Ill. Reg. 979, effective December 24, 1987; amended at 12 Ill. Reg. 16838, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6040, effective April 17, 1989; amended at 13 Ill. Reg. 19451, effective December 1, 1989; amended at 14 Ill. Reg. 14876, effective October 1, 1990; amended at 15 Ill. Reg. 466, effective January 1, 1991; amended at 16 Ill. Reg. 594, effective January 1, 1992; amended at 16 Ill. Reg. 13910, effective September 1, 1992; amended at 17 Ill. Reg. 2351, effective February 10, 1993; emergency amendment at 17 Ill. Reg. 2373, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7948, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; emergency amendment at 17 Ill. Reg. 9105, effective June 7, 1993, for a maximum of 150 days; emergency expired on November 4, 1993; amended at 17 Ill. Reg. 15056, effective September 3, 1993; amended at 17 Ill. Reg. 16153, effective January 1, 1994; amended at 17 Ill. Reg. 19210, effective October 26, 1993; amended at 17 Ill. Reg. 19517, effective November 4, 1993; amended at 17 Ill. Reg. 21017, effective November 20, 1993; amended at 18 Ill. Reg. 1432, effective January 14, 1994; amended at 18 Ill. Reg. 15789, effective October 15, 1994; amended at 19 Ill. Reg. 11481, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 512, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10065, effective July 15, 1996; amended at 20 Ill. Reg. 12049, effective September 10, 1996; amended at 21 Ill. Reg. 14990, effective November 15, 1997; amended at 22 Ill. Reg. 4040, effective February 13, 1998; amended at 22 Ill. Reg. 7172, effective April 15, 1998; amended at 22 Ill. Reg. 16557, effective September 18, 1998; amended at 23 Ill. Reg. 1052, effective January 15, 1999; amended at 23 Ill. Reg. 7970, effective JUL 15 1999.

SUBPART A: GENERAL PROVISIONS

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Section 350.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any

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resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 350.1080 as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 350.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

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With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

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Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical restraint - any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

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Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 350.1080 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed to practice dentistry, including persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

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results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who~~: is eligible for registration by the American Dietetic Association; or~~ is a licensed dietitian as provided in the

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Dietetic and Nutrition Services Practice Act [225 ILCS 30]. ~~has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.~~

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the

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license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 USCA ~~U.S.C.A.~~ 1395 et seq. and 1936 et seq.). *It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.* A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

> *A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois other than homes, institutions or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;*
>
> *A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act* [210 ILCS 85];
>
> *Any "facility for child care" as defined in the Child Care Act of 1969* [225 ILCS 10];
>
> *Any "community living facility" as defined in the Community Living Facilities Licensing Act* [210 ILCS 35];

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Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Human Services ~~Mental Health--and--Developmental Disabilities~~ *as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangement Licensure and Certification Act* [210 ILCS 135]; *or*

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]*; or* ~~.--(Section 1-113 of the Act)~~

Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full time - on duty a minimum of 36 hours, four days per week.

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Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

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Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American

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Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially

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licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

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Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or, in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two

year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational speciality area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker~~, Qualified~~ - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 350.140(a)(3) and 350.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 350.165(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

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Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 23 Ill. Reg. 7970, effective JUL 15 1999)

SUBPART F: HEALTH SERVICES

Section 350.1220 Physician Services

a) The facility shall have a written program of medical services that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the health services provided by the facility and the arrangements to effect a transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility.

b) The facility shall have ~~There shall be~~ a formal arrangement for qualified medical care ~~for the facility~~, including care for medical emergencies on a 24 hour, seven days-a-week basis. An ~~The facility shall have an~~ advisory physician~~, fully licensed to practice medicine in Illinois to~~ shall provide advice on general health conditions and practices of the facility.

c) The services of a physician ~~licensed to practice medicine in Illinois~~ shall be available to every resident in the facility.

d) The resident or his guardian shall be permitted his choice of physicians.

e) All residents shall be seen by their physician as often as necessary to assure adequate health care.

f) Physicians shall participate~~, when appropriate,~~ in the continuing interdisciplinary evaluation of individual residents, for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs for treatment.

g) The statement of treatment goals and management plans shall be reviewed and updated at least semiannually to insure that ~~continuing appropriateness of~~ the goals are appropriate and that~~, consistency of~~ management methods are consistent with the goals~~,~~; and to determine whether ~~and the achievement of~~ progress toward the goals is being achieved or the goals should be reevaluated.

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h) The facility shall maintain effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed.

~~i) The administrator shall assume the responsibility for meeting the Department's rules entitled "Control of Communicable Disease Code" (77 Ill. Adm. Code 690), so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases.~~

~~j) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease, shall be placed in the appropriate type of isolation as required by the Department's rules entitled "Control of Communicable Diseases Code" (77 Ill. Adm. Code 690) for the period of time required for each specific disease or until removed from the facility.~~

~~k) All illnesses required to be reported under subsection (i) of this Section shall be reported immediately to the local health department and to the Department. The administrator shall furnish all pertinent information relating to such occurrences.~~

i)~~l)~~ Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination report shall include an evaluation of the resident's condition, including height and weight, diagnosis, plan of treatment and recommendations, treatment orders, personal care needs, and permission for participation in facility ~~the activity~~ programs ~~program~~ as determined appropriate by the attending physician. The report shall document ~~include documentation of~~ the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 350.1225. The report shall also document ~~include documentation of~~ the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores) with grade, size and location specified, and orders for treatment if present. The report shall also include orders from the physician regarding weighing of the resident~~,~~ and the frequency of such weighing, if ordered.

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j)~~m)~~ The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.

k)~~n)~~ At the time of an accident, immediate first aid treatment shall be provided by personnel trained in medically approved first aid procedures.

l)~~o)~~ The admission information for a resident shall include diagnoses, summary of present medical findings, psychological findings, medical history, mental and physical functioning capacity, prognosis and an explicit recommendation by the physician with respect to admission to or continued care in the facility; it shall also include orders for medications, treatments, restorative services, diet, specific procedures recorded for the health and safety of the resident activities and plans for continuing care and discharge. If this information is not received with the resident at the time of admission, it must be received within 48 hours.

m)~~p)~~ A ~~If--a~~ resident who becomes unmanageable~~,--he~~ shall promptly be examined by a physician or a psychiatrist. ~~This--medical--examination shall---be---made--promptly.~~ A psychologist and members of other appropriate professional disciplines should be consulted, as necessary.

n)~~q)~~ No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall be in accordance with Sections 3-401 to 3-423 of the Act.

(Source: Amended at 23 Ill. Reg. 9970, effective JUL 15 1999)

Section 350.1223 Communicable Disease Policies

a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

b) The facility shall not knowingly admit a person with a communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, except as allowed in subsection (d) of this Section. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code until isolation can be discontinued or the person can be transferred.

c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.

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d) Admission of Persons with Communicable, Contagious, or Infectious Diseases.

1) Persons with communicable, contagious, or infectious diseases may be admitted under the following conditions:

A) When a person's infectious condition is directly related to one or more chronic pressure sores, from which laboratory tests have proven the presence of a pathogenic organism. Such a person may be admitted if the facility is capable of implementing appropriate treatment and isolation techniques to avoid secondary spread of infection.

B) When a person's condition is communicable, contagious, or infectious only through blood or other body fluid contact, such as hepatitis, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) infection.

2) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease under subsection (d)(1) of this Section. The notice to the Department shall include at least the date of the admission and the nature of the condition.

3) Written approval to admit or keep a person with other communicable, contagious, or infectious diseases may be granted by the Department on an individual case basis. Such approval will depend upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the person and to safeguard the staff and other residents of the facility from the spread of primary and secondary infections.

e) Infection control: Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. Activities shall be monitored to ensure that these policies and procedures are followed.

(Source: Added at 23 Ill. Reg. 9970, effective JUL 15 1999)

Section 350.1225 Tuberculin Skin Test Procedures

Tuberculin skin tests ~~test~~ for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696) ~~requirements in this Section.~~

~~a) Where--there--is-documentation-for-an-employee-or-resident-of-previous significant--skin---test---reaction---and---previous---treatment---for~~

~~tuberculosis;--no--skin--test--is required.--The facility shall retain such--documentation--of--testing--and--treatment--in--the---employee's personnel record or the resident's medical record.~~

~~b) The--tuberculin--skin--test--shall consist of five tuberculin units of purified--protein--derivative--administered--intredermally--using--the Mantoux method.~~

~~c) A significant reaction shall be considered to exist when either of the following conditions are present:~~

~~1) There is an area of induration of ten mm or more in diameter.~~

~~2) There is an area of induration of five mm or more in diameter and the--attending--physician--or--local--health--authority---suspect tuberculosis on the basis of disease or exposure.~~

~~d) If--the--first test is nonsignificant, a second test shall be given at least one week, but no later than three weeks, after the first test.~~

~~e) If the first or second test reaction--is--significant,--or--if--active tuberculosis--is--suspected--at--any--time, the attending physician or local health--authority--shall--order--any--further--examinations--and treatment--which is considered necessary, such as x-rays, cultures, or sputum smears.~~

(Source: Amended at 23 Ill. Reg. 7970, effective JUL 15 1999)

Section 350.1230 Nursing Services

a) Each facility shall have a full-time director of nursing services (DON) ~~health service supervisor~~ who is a registered nurse (RN) or a licensed practical nurse (LPN) whose only responsibility is the immediate supervision of the facility's health services. This person shall be on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M. ~~There shall be a--registered--nurse--or--a--licensed practical--nurse--on--duty 24 hours per day and seven days per week in charge of health--services--at--all--times--when--the--health--service supervisor--is--not--on--duty.--If the health services supervisor is a licensed--practical--nurse,--arrangements--for--consultation--from---a registered nurse shall be made as specified in Section 350.820(d).--(B)~~

1) A registered nurse or a licensed practical nurse shall be on duty 24 hours per day and seven days per week in charge of health services at all times when the director of nursing services is not on duty.

2)~~1)~~ A facility may, with written approval from the Department, have two nurses share the duties of this position if the facility ~~it~~ is unable to obtain a full-time person. Such an arrangement will be granted approval only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has

appeared in a newspaper of general circulation in the area for at least three weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full time ~~full-time~~; and information about the number and availability of licensed nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full time ~~full-time~~.

3)~~2)~~ If two persons are to share the position, one shall be designated the DON ~~Health Services Supervisor~~ and the other shall be designated the assistant director of nursing (ADON) ~~Assistant Health--Services--Supervisor~~. Both of these persons may be registered nurses ~~Registered--Nurses (RN)~~, both may be licensed practical nurses ~~licensed Practical Nurses (LPN)~~, or one may be an RN and the other an LPN. In the latter case, the RN shall be designated the DON ~~Health Services Supervisor~~ and the LPN shall be designated the ADON ~~Assistant Health Services Supervisor~~.

4)~~3)~~ In facilities with a capacity of less than 50 beds, this person (or these persons), may also provide direct patient care, and this person's time may be included in meeting the staff to resident ratio requirements.

5) If the director of nursing services is a licensed practical nurse, arrangements shall be made for not less than four hours each week of consultation from a registered nurse in the facility. The consultant shall assist with the development of policies, methods, and procedures relating to the medical program and in-service training for all aspects of personal and nursing care.

~~b) A licensed practical nurse who is the health services supervisor shall either be a graduate of a State approved school of--practical--nursing or equivalent.--(See Definitions, Section 350.330.)~~

b)~~c)~~ Residents shall be provided with nursing services, in accordance with their needs, ~~and~~ which shall include, but are not limited to, the following: The DON shall participate ~~Health--Services--Supervisor's participation~~ in:

1) Pre-admission ~~The pre-admission~~ evaluation study and plan.

2) Evaluation ~~The evaluation~~ study, program design, and placement of the resident at the time of admission to the facility.

3) Periodic ~~The--periodic~~ reevaluation of the type, extent, and quality of services and programming.

4) Development ~~The development~~ of discharge plans, and the referral to appropriate community resources.

5) Training in habits in personal hygiene and activities of daily living.

6) Development of a written plan for each resident to provide for

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nursing services as part of the total habilitation program.

7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.

c)~~d)~~ A registered nurse shall participate, as appropriate, in ~~the~~ planning and implementing the ~~implementation of~~ training of facility personnel.

d)~~e)~~ Direct care personnel shall be trained in, but are not limited to, the following:

1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. ~~(B)~~

2) Basic skills required to meet the health needs and problems of the residents. ~~(B)~~

3) First aid in the presence of accident or illness. ~~(B)~~

e)~~f)~~ Sufficient, ~~There shall be available sufficient,~~ appropriately qualified nursing staff shall be available, which may include ~~currently~~ licensed practical nurses and other supporting personnel, to carry out the various nursing service activities. ~~(A, B)~~

f)~~g)~~ The individual responsible for providing ~~the provision of~~ nursing services shall have knowledge and experience in the field of developmental disabilities.

g)~~h)~~ Nursing service personnel at all levels of experience and competence shall be assigned responsibilities in accordance with their qualifications. ~~(B)~~

(Source: Amended at 23 Ill. Reg. 9970, effective JUL 15 1999)

SUBPART H: RESIDENT AND FACILITY RECORDS

Section 350.1610 Resident Record Requirements

a) Each facility shall have a medical record system that retrieves ~~facilitates the retrieval of~~ information regarding individual residents ~~as demonstrated by the facility~~.

b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.

c) Record entries shall meet the following requirements:

1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.

2) All entries into the medical record shall be authenticated by the individual who made or authored the entry. "Authentication", for purposes of this Section, means identification of the author of a medical record entry by that author and confirmation that the contents are what the author intended.

3)~~2)~~ Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other

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individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports. ~~Each record entry shall be written in ink or typed, shall be signed, dated, and shall include the profession or title of the person making the entry.~~

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention

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period for that particular piece of information.

d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the authentication ~~original written signature~~ of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable.

e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. ~~(B)~~
   1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. ~~(B)~~
   2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or habilitation services, shall be included in the resident's progress record when the recommendations pertain to an individual resident.

f) A medication administration record shall be maintained which contains the date and time each medication is given, name of drug, dosage, and by whom administered.

g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that ~~which~~ shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.

h) The records maintained for each resident shall be adequate for:
   1) Planning and continuously evaluating each resident's habilitation program,
   2) Furnishing evidence of each resident's ~~residents~~ progress and response to the habilitation program, and
   3) Protecting each resident's legal rights.

i) The facility may use ~~shall have the option of using~~ universal progress notes in the medical records.

j) Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 350.1650 ~~300.1840~~ of this Part.

k) Discharge information shall be completed within 48 ~~forty-eight~~ hours after the resident leaves the facility. The resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form.

l) Each resident record is the property of the facility. The facility shall be responsible for securing resident record information against

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loss, defacement, tampering or use by unauthorized persons.

(Source: Amended at 23 Ill. Reg. 7970, effective JUL 15 1999)

SUBPART I: FOOD SERVICE

Section 350.1810 Director of Food Services

a) A ~~Each facility shall have a~~ full-time person, qualified ~~suited~~ by training and experience, shall ~~who has been designated by the administrator to~~ be responsible for the total food and nutrition services ~~service operation~~ of the facility. This person shall be on duty for a minimum of 40 hours each week. ~~(B)~~
   1) This person shall be either a dietitian or a dietetic service supervisor ~~as defined in Section 350.330~~.
   2) The person responsible for the ~~In facilities of 50 beds or less, the~~ food service ~~supervisor (director)~~ may assume some cooking duties but only if ~~provided~~ these duties do not interfere with the responsibilities of management and supervision.

b) A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional four minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year. ~~Consultation If the person responsible for food services is not a dietitian, he shall have frequent and regularly scheduled consultation from a qualified dietitian. This consultation, given in the facility, shall be not less than eight hours each month and shall include consultation and training in all food service procedures, such as menu planning or review, food preparation, food storage, food service safety, sanitation and management of therapeutic diets and in service education.~~

(Source: Amended at 23 Ill. Reg. 7970, effective JUL 15 1999)

Section 350.1840 Diet Orders

a) Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians when prescribing diets.

b) Physicians shall write a diet order, in the medical record, ~~a diet order~~ for each resident ~~residents~~ indicating whether the resident is to have a general or a therapeutic diet. ~~and the~~ The diet shall be served as ordered.

c)~~b)~~ A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet

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is changed. Each change shall be ordered by the physician. ~~A diet order for each resident shall be sent in writing to the food service department for each new admission and for every subsequent change in diet for that resident as ordered by his physician.~~ The diet order shall include, at a minimum, ~~but is not limited to,~~ the following information: name of resident, room and bed number, type of diet, consistency if other than regular consistency, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. ~~(See Section 350.1860 for ordering therapeutic diets.)~~

d)~~c)~~ The resident ~~residents~~ shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical ~~his~~ record. ~~(B)~~

e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

f) All therapeutic diets shall be medically prescribed and shall be planned or approved by a dietitian.

g) The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be posted in a convenient location in the kitchen.

h) All oral liquid diets shall be reviewed every 48 hours. Medical soft diets, sometimes known as transitional diets, shall be reviewed every three weeks. All other therapeutic and mechanically altered diets, including commercially prepared formulas that are in liquid form and blenderized liquid diets, shall be reviewed as needed, or at least every three months.

(Source: Amended at 23 Ill. Reg. 7970 - 7, effective JUL 15 1999)

Section 350.1850 Meal Planning ~~Adequacy of Diet and Meal Pattern~~

Each resident shall be served food to meet the resident's needs and to meet physician's orders. ~~The daily food allowance for each resident shall~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances ~~meet the basic food pattern for a general diet for an adult following the recommendations~~ of the Food and Nutrition Board~~,~~ of the National Research Council, National Academy of Sciences. ~~and shall include: (A,~~ B~~)~~

a) Milk and Milk Products Group: 16 ounces or more ~~Two or more eight ounce servings~~ of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption. Calcium equivalents for 8 ounces of

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milk: ~~(See Section 350.1900). Cheese and ice cream may be used to replace part of the milk. The amount of either needed to replace a given amount of milk is figured on the basis of calcium content. The equivalents are as follows:~~

1) 1 1/2 ounces natural cheese, ~~One inch cube of cheddar type cheese equals one half cup milk.~~

2) Two ounces processed cheese, ~~Two thirds cup cottage cheese equals one half cup milk.~~

3) One cup yogurt or one cup frozen yogurt, ~~ice cream equals one half cup milk.~~

4) One cup cottage cheese, or ~~NOTE: If cheese is used as a serving of milk, it may not be also counted as a serving of protein in the Meat Group.~~

5) 1 1/2 cups ice cream or ice milk.

b) Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. ~~Two or more servings of protein food of good quality.~~ The following are examples of one serving:

1) Three ounces (excluding bone, ~~and~~ fat and breading) of any cooked meat such as whole or ground beef, veal, pork or lamb; poultry; organ meats such as liver, heart, kidney; prepared luncheon meats.

2) Three ounces (excluding skin and breading) of cooked fish or shell fish or 1/2 ~~one half~~ cup canned fish.

3) Three ounces of natural or processed cheese or 3/4 ~~three fourths~~ cup cottage cheese.

4) Three eggs (minimum weight 21 ounces per dozen, considered a medium egg).
NOTE: If one egg is served at a meal ~~for breakfast~~, a protein food of good quality may be reduced from six to five ounces for the remaining meals. If two eggs are served at a meal ~~for breakfast~~, a minimum of two ounces of good quality protein ~~of good quality~~ shall be served at each of the remaining meals.

5) 1 1/2 ~~One~~ cups ~~cup~~ cooked dried peas or beans, ~~or~~ six tablespoons of peanut butter, or one cup nuts, not more than twice a week and provided eggs, milk or lean meat are served at the same meal.

6) Three ounces of soy protein containing not less than 21 grams of protein or in combination with other sources of quality protein to equal 21 grams of protein, provided that it is acceptable to the resident population.

7)~~6)~~ Combinations of all above examples are acceptable, provided that the minimum ~~Minimum Standard~~ of six ounces of a good quality protein food ~~of good quality~~ is served daily and provided that the combinations do not conflict with eye appeal or palatability.

8) The content of meat alternative products shall be listed on the menu.

c) Vegetable and Fruit Group: Five ~~Four~~ or more ~~one half cup~~ servings of

fruits or vegetables.

1) A serving consists of:

A) 1/2 cup chopped raw, cooked, canned, or frozen fruit or vegetables;

B) 3/4 cup fruit or vegetable juice; or

C) One cup raw leafy vegetable.

2) The five or more servings shall consist of:

A)~~1)~~ Sources of vitamin ~~Vitamin~~ C

i)~~A)~~ One serving ~~portions~~ of a good source of vitamin ~~Vitamin~~ C (containing at least 60 mg of vitamin C); or ~~(grapefruit, grapefruit juice, orange, orange juice, cantaloupe, raw strawberries, broccoli, brussels sprouts, green peppers, sweet red pepper); OR~~

ii)~~B)~~ Two servings~~, one cup,~~ of a fair source of vitamin ~~Vitamin~~ C ~~(raw cabbage, collards, kale, kohlrabi, mustard greens, potatoes, spinach, tomatoes, tomato juice, turnip greens)~~. This may be more than one food item and shall contain a total of at least 65 mg of vitamin C.

B)~~2)~~ One serving of a good source of vitamin ~~Vitamin~~ A at least three times a week supplying at least 1000 micrograms retinol equivalent (RE) of vitamin A. ~~weekly (apricots, broccoli, cantaloupe, carrots, chard, collards, kale, persimmon, pumpkin, spinach, sweet potato, turnip greens and other dark green leaves, winter squash).~~

C)~~3)~~ Other fruits and vegetables, including potatoes, that may be served in 1/3 cup or larger portions. ~~Fruits and Vegetables including Potatoes.~~

~~4) To insure variety, any vegetable or fruit repeated for the day shall not be counted as one of the four servings required in this group.~~

3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving.

d) Bread, ~~and~~ Cereal, Rice and Pasta Group: Six ~~Four~~ or more servings of whole grain, enriched or restored products. One ~~slice of bread equals one serving. One half cup cooked cereal or three fourths cup dry cereal~~ equals ~~one serving.~~:

1) One slice of bread,

2) 1/2 cup of cooked cereal, rice, pasta, noodles, or grain product,

3) 3/4 cup of dry, ready-to-eat cereal,

4) 1/2 hamburger or hotdog bun, bagel or English muffin,

5) One 4-inch diameter pancake,

6) One tortilla,

7) Three to four plain crackers (small),

8) 1/2 croissant (large), doughnut or danish (medium),

9) 1/16 cake,

10) Two cookies, or

11) 1/12 pie (2-crust, 8").

e) Butter or Margarine: To ~~Two tablespoons or more to~~ be used as a spread and in cooking.

f) Other ~~Foods: Serve other~~ foods shall be served ~~as necessary~~ to round out meals, satisfy individual appetites, improve flavor, and meet the individual's nutritional and caloric needs. ~~Snacks may also be used for this purpose.~~

g) Meals ~~Meal Pattern: Foods~~ for the day shall be planned to provide a variety of foods, variety in texture and good color balance ~~to give "eye appeal" to the meal~~. The following meal patterns shall be used.

1) Three meals a day plan ~~Meals A Day Plan~~

A) Breakfast: Fruit or juice, cereal, meat ~~Juice, Cereal, Meat~~ (optional, but three to ~~or~~ four times per week preferable), bread, butter ~~Bread, Butter~~ or margarine, milk, ~~Margarine, Milk,~~ and choice ~~Choice~~ of additional beverage ~~Beverage~~.

B) Main Meal (may ~~May~~ be served noon or evening): Soup or juice ~~Juice~~ (optional), ~~appetizer (May be served),~~ entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute, vegetable ~~Vegetable~~ or salad, dessert ~~Salad, Dessert~~ (preferably ~~Preferrably~~ fruit unless fruit is served as a salad or will be served at another ~~other~~ meal), bread, butter or margarine, ~~Bread, Butter or Margarine,~~ and choice ~~Choice~~ of beverage ~~Beverage~~.

C) Lunch or Supper: Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute (optional ~~Optional~~ if served at main meal), vegetable or salad, dessert, bread, butter ~~Vegetable or Salad, Dessert, Bread, Butter~~ or margarine ~~Margarine~~, milk ~~Milk~~, and choice ~~Choice~~ of additional beverage ~~Beverage~~.

2) Other meal patterns may be used if facilities are able to meet residents' needs using such plans.

~~Four Meals A Day Plan~~

~~A) Breakfast (7:00 or 7:30 A.M.): Juice, Cereal, Toast or Roll, Butter or Margarine, Milk, and Choice of additional Beverage.~~

~~B) Brunch (10:00 or 10:30 A.M.): Fruit or Juice; Main Dish (quality protein); Bread, Rolls or Special Breads, (such as French Toast, or Pancakes); Butter or Margarine; and Choice of Beverage.~~

~~C) Full Dinner (4:00 or 4:30 P.M.): Appetizer or Soup, Protein Entree, Potato or Potato Substitute, Vegetable, Salad, Dessert, Bread or Roll, Butter or Margarine, Milk, and Choice of additional Beverage.~~

~~D) Snack (7:00 or 7:30 P.M.): Sandwich (Meat Group Filling), light Dessert, and Milk or Juice.~~

3) ~~Five Meals A Day Plan~~

~~A) Continental Breakfast (7:00 or 7:30 A.M.): Fruit, Juice, Toast or Roll, Butter or Margarine, Milk, and Choice of additional Beverage.~~

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~~B) Brunch--(10:00-or-10:30-A.M.):--Fruit-or-Juice,-Cereal,-Eggs or-Meat-Dish,-Bread-or-Muffin-or-Special--Toast,--Butter--or Margarine,-and-Beverage.~~

~~C) Snack--(1:00--or--1:30--P.M.):--Soup--with--Crackers;--Small Sandwich--(with--Meat--Group--filling--or-Cheese),-or-Peanut Butter-and-crackers,-and-Milk-or-Beverage.~~

~~D) Dinner-(4:00-or-4:30-P.M.):--Meat,-Fish-or--Poultry;--Potato or--Potato--Substitute;--Vegetable;--Salad;--Bread--or-Roll; Butter-or-Margarine;-Dessert;-Milk;-and-Choice-of-additional Beverage.~~

~~E) Snack-(7:00-or-7:30-P.M.):--Small-Sandwich-with--Meat--Group filling;--Fruit--Juice--or--Milk;--and--Dessert-(such-as-Ice Cream,-Cookies,-Jello,-Pudding,-Custard,-or-Fruit).~~

(Source: Amended at 23 Ill. Reg. 7970, effective JUL 15 1999)

Section 350.1860 Therapeutic Diets (Repealed)

~~a) A--therapeutic--diet--order--(see--Section-350.1840-(a)-and-(b))-shall include,-but-is-not-limited-to,-the-following--information:---name--of resident,--room--and-bed-number,-type-of-diet,-date-diet-order-is-sent to-dietary,-name-of-physician-ordering-the-diet,-and-the-signature--of the-person-transmitting-the-order-to-the-food-service-department.~~

~~b) Medically-prescribed-diets-shall-be-recorded-in-the-resident's-medical record--and--served--as--ordered.---The--resident-shall-be-observed-to determine-acceptance-of-the--diet--and--these--observations--shall--be recorded-in-his-record.--(B)~~

~~c) The--kinds--and-variations-of-these-prescribed-therapeutic-diets-shall be-available-in-the-kitchen.--If-separate-menus-are--not--planned--for each--specific-diet,-diet-information-for--each-specific-type-shall-be posted-in-the-kitchen.~~

~~d) All-oral-therapeutic-diets,-with-the-exception-of-liquid--and--medical soft--diets,--shall--be--reviewed-at-least-every-three-months.--Liquid diets-shall-be-reviewed-every-48-hours,-medical-soft--diets--shall--be reviewed--every--three--weeks.---This--review--may--be-done-by-nursing personnel-with-recommendations-to-the-attending-physician.--(B)~~

~~e) The-facility-shall-have-available,-and-in-use,-two-or-more-copies-of-a current-diet-manual-approved-by-the-Department.---One--copy--shall--be located--in--the--kitchen--for--use-by-dietary-personnel;-other-copies shall-be-located-at-each-nurses'-station--for--available--use--by--the physician-when-prescribing-diets.~~

~~f) All---special---diets--or--dietary--restrictions--shall--be--medically prescribed-and--shall--be--planned--or--approved--by--a--dietitian--or nutritionist.~~

(Source: Repealed at 23 Ill. Reg. 7970, effective JUL 15 1999)

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Section 350.1880 Menus and Food Records ~~Menu-Planning~~

a) Menus, including menus for ~~snacks-and~~ "sack" lunches or between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served. ~~(B)~~

b) The menu for the current week shall be dated and available ~~posted~~ in the kitchen. Upon the request of the Department, sample menus shall be submitted for evaluation.

c) Menus shall be different for the same day of consecutive weeks and adjusted for seasonal differences.

d) All menus as actually served shall be kept on file at the facility for not less than 30 days.

e) Supplies of staple food for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies ~~Supplies~~ shall be appropriate to meet the requirements of the menu.

f) Records of all food purchased shall be kept on file in the facility for not less than 30 days.

g) Food label information for purchased prepared food listing food composition and, when available, nutrient content shall be kept on file in the facility for the current menu cycle.

(Source: Amended at 23 Ill. Reg. 7970, effective JUL 15 1999)

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Section 350.APPENDIX B Federal Requirements Regarding Residents' Rights (Repealed)

Federal Register, Volume 40, No. 43, Tuesday, March 4, 1975, Paragraph 249.12, Standards for Intermediate Care Facilities

(a)(1) . . . .

(ii) There are written policies and procedures available to staff, residents, and the public which:

(B) Ensure that each resident admitted to the facility:

(1) Is fully informed of his rights and responsibilities as a resident of all rules and regulations governing resident conduct and responsibilities. Such information must be provided prior to or at the time of admission or, in the case of residents already in the facility, upon the facility's adoption or amendment of patient right policies, and its receipt must be acknowledged by the resident in writing;

(2) Is fully informed prior to or at the time of admission and during stay of services available in the facility, and of related charges including any charges for services not covered under the Title XIX program or not covered by the facility's basic per diem rate;

(3) Is fully informed by his physician of his health and medical condition unless medically contraindicated (as documented by his physician in his resident record), and is afforded the opportunity to participate in the planning of his health care and medical treatment and to refuse to participate in experimental research;

(4) Is transferred or discharged only for medical reasons or for his welfare or that of other patients, or for nonpayment for his stay (except as prohibited by the Title XIX program);

(5) Is encouraged and assisted throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

(6) May manage his personal financial affairs, and to the extent that the facility assists in such management that it is carried out in accordance with paragraph (a)(1)(iii) of this section, (see below for (a)(1)(iii)

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(7) Is free from mental and physical abuse, and free from chemical and (except when necessary to protect the resident from injury to himself or others) physical restraints, except as authorized in writing by a physician for a specified period of time, or in the case of a mentally retarded individual when authorized in writing by a physician or Qualified Medical Retardation Professional for use during behavior modification sessions;

(8) In the case of a mentally retarded individual, participates in a behavior modification program only with the consent of his parent or guardian;

(9) Is ensured confidential treatment of his personal health and medical records, and may approve or refuse their release to any individual outside the facility, except in case of his transfer to another health care institution, or as authorized by Federal or State law;

(10) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

(11) Is not required to perform services for the facility that are not included for therapeutic purposes and documented in his plan of care;

(12) May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened;

(13) May meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician in his resident record);

(14) May retain and use his personal clothing and possessions as space permits; and

(15) If married, is ensured privacy for visits by his/her spouse; if both are residents in the facility, they are permitted to share a room, unless medical contraindicated (as documented by by the attending physician in the resident record);

(C) Provide that all rights and responsibilities in paragraph (a)(1)(ii)(B) (1) through (4) devolve to the resident's guardian, next of kin, or sponsoring agency(ies), where:

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~~(1) a resident is adjudicated incompetent in accordance with State law; or~~

~~(2) his physician has made a documented finding that, because of mental impairment, the resident is incapable of understanding these rights.~~

~~*((a)(1)(iii)----A written account, available to residents and their families, is maintained on a current basis for each resident with written receipts for all personal possessions and funds received by or deposited with the facility and for all disbursements made to or on behalf of the resident.)~~

(Source: Repealed at 23 Ill. Reg. 7870-3, effective JUL 15 1999)

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1) Heading of the Part: Long-Term Care for Under Age 22 Facilities Code

2) Code Citation: 77 Ill. Adm. Code 390

3)

Section Numbers:	Adopted Action:
390.330	Amendments
390.1020	Amendments
390.1035	Amendments
390.1610	Amendments
390.1810	Amendments
390.1840	Amendments
390.1850	Amendments
390.1880	Amendments
APPENDIX A	Repealer

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective date of amendments: July 15, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal was Published in Illinois Register: July 24, 1998 - 22 Ill. Reg. 13480

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Difference between proposal and final version: The following changes were made in response to comments received during the First Notice or public comment period:

1. In Section 390.330, the definition of "*Facility or Long-Term Care Facility*" was amended as follows: (added after the second sentence) "*It also includes homes, institutions, or other places operated by or under the Authority of the Illinois Department of Veterans' Affairs.*"; (added at the end of the first subparagraph) "*Other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;*"; (in the 7th subparagraph) "*Mental Health and Developmental Disabilities*" was stricken and "*Human Services*" was added; (after the 8th subparagraph) "*Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code* [305 ILCS 5/5-5.01a]. (Section 1-113 of the

Act)".

2. In Section 390.1020(a)(2), "he may" was stricken and "the physician shall" was added.

3. Section 390.1020(c)(1) was rewritten:

"1) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690)."

4. In Section 390.1020(c)(2), "as defined in the Control of Communicable Diseases Code," was added after "disease," in the first sentence.

5. In Section 390.1610(c), the strikeouts were removed in subsection (1); new subsection (1) was renumbered as (2); and (2) as (3).

6. In Section 390.1610(c), new subsections (4)-(8) were replaced with the following:

"4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials, supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a state-required inspection may have access to electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal

operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for the particular piece of information."

7. In Section 390.1810(b), ", as needed," was added after "training" in the second sentence; "food" was added before "equipment" in the second sentence; "eating" was added after "adaptive" in the third sentence.

8. Sentence 390.1910(c) was rewritten as follows:

"c) A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year."

9) In Section 390.1840(c), "consistency" was added after "regular" in the third sentence.

10. In Section 390.1840(g), "posted" was changed to "available".

11. Section 390.1850(c)(2) was rewritten as follows:

"2) Other meal plans may be used if facilities are able to meet residents' needs using such plans."

12. In Section 390.1880(b), "posted" was stricken and "available" was added.

The following changes were made in response to comments and suggestions of the JCAR:

No substantive changes were suggested.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as

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indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of the amendments:

In Section 390.330 (Definitions), the definition of "dietitian" is amended to reference the Dietetic and Nutrition Services Practice Act [225 ILCS 30]. The definition of Dietetic Service Supervisor is amended to delete reference to a "qualified" dietitian, since licensed dietitians are deemed to be qualified. The term "qualified" is also deleted in the definition of "Social Worker". Qualification is indicated by licensure status. The definition of "Institutional occupancy" is being deleted, since the term is no longer used in the rules.

Section 390.1020 (Medical Services) is being reorganized and updated to include current admission policies and requirements for compliance with other Department Codes. A facility group, either an infection control committee, quality assurance committee, or other facility entity, shall establish policies and procedures for investigating, controlling, and preventing infections in the facility. Incorporated materials from the U.S. Public Health Service are added.

Section 390.1035 (Tuberculin Skin Test Procedure) is being revised to reference the Department's Control of Tuberculosis Code (77 Ill. Adm. Code 696).

Section 390.1610 (Resident Record Requirements) is being amended to include requirements for electronic or computer-generated signature, including development of a facility policy permitting such signatures and verification requirements.

Section 390.1810 (Director of Food Services) is being amended to include more specific requirements for consultation in facilities where the food service director is not a dietitian.

Section 390.1840 (Diet Orders) is being amended to include more specific requirements for diet orders and therapeutic diets.

The heading of Section 390.1850 is being changed from "Adequacy of Diet and Meal Pattern" to "Meal Planning". Requirements for the three meal a day meal plan are being updated.

The heading of Section 390.1880 is being changed from "Menu Planning" to "Menus and Foods Records." A requirement that food label information be

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kept on file for the current menu cycle is being added.

Section 390.APPENDIX A (Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities) is being repealed. This material is outdated and inaccurate.

16) Information and questions regarding these adopted amendments shall be directed to:

Ms. Gail DeVito
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Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
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The full text of the adopted amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 390
LONG-TERM CARE FOR UNDER AGE 22 FACILITIES CODE

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TABLE F Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

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SOURCE: Adopted at 6 Ill. Reg. 1658, effective February 1, 1982; emergency amendment at 6 Ill. Reg. 3223, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11622, effective September 14, 1982; amended at 6 Ill. Reg. 14557 and 14560, effective November 8, 1982; amended at 6 Ill. Reg. 14678, effective November 15, 1982; amended at 7 Ill. Reg. 282, effective December 22, 1982; amended at 7 Ill. Reg. 1927, effective January 28, 1983; amended at 7 Ill. Reg. 8574, effective July 11, 1983; amended at 7 Ill. Reg. 15821, effective November 15, 1983; amended at 7 Ill. Reg. 16988, effective December 14, 1983; amended at 8 Ill. Reg. 15585, 15589, and 15592, effective August 15, 1984; amended at 8 Ill. Reg. 16989, effective September 5, 1984; codified at 8 Ill. Reg. 19823; amended at 8 Ill. Reg. 24159, effective November 29, 1984; amended at 8 Ill. Reg. 24656, effective December 7, 1984; amended at 8 Ill. Reg. 25083, effective December 14, 1984; amended at 9 Ill. Reg. 122, effective December 26, 1984; amended at 9 Ill. Reg. 10785, effective July 1, 1985; amended at 11 Ill. Reg. 16782, effective October 1, 1987; amended at 12 Ill. Reg. 931, effective December 24, 1987; amended at 12 Ill. Reg. 16780, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6301, effective April 17, 1989; amended at 13 Ill. Reg. 19521, effective December 1, 1989; amended at 14 Ill. Reg. 14904, effective October 1, 1990; amended at 15 Ill. Reg. 1878, effective January 25, 1991; amended at 16 Ill. Reg. 623, effective January 1, 1992; amended at 16 Ill. Reg. 14329, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2390, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7974, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15073, effective September 3, 1993; amended at 17 Ill. Reg. 16167, effective January 1, 1994; amended at 17 Ill. Reg. 19235, effective October 26, 1993; amended at 17 Ill. Reg. 19547, effective November 4, 1993; amended at 17 Ill. Reg. 21031, effective November 20, 1993; amended at 18 Ill. Reg. 1453, effective January 14, 1994; amended at 18 Ill. Reg. 15807, effective October 15, 1994; amended at 19 Ill. Reg. 11525, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 535, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10106, effective July 15, 1996; amended at 20 Ill. Reg. 12101, effective September 10, 1996; amended at 22 Ill. Reg. 4062, effective February 13, 1998; amended at 22 Ill. Reg. 7188, effective April 15, 1998; amended at 22 Ill. Reg. 16576, effective September 18, 1998; amended at 23 Ill. Reg. 1069, effective January 15, 1999; amended at 23 Ill. Reg. 8021, effective JUL 15 1999.

SUBPART A: GENERAL PROVISIONS

Section 390.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

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Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and

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individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 390.1310 as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 390.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care

facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - Any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

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Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 390.1310 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

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self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a ~~qualified~~ dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who <u>is a licensed dietitian as provided in the Dietetic and Nutrition Services Practice Act [225 ILCS 30].</u> ~~: is eligible--for--registration--by-the-American--Dietetic-Association;-or has-a-baccalaureate-degree-with-major--studies-in-food-and--nutrition, dietetics,--and--food--service--management,--has-1-year-of-supervisory~~

~~experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.~~

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part, is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5] *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 USCA ~~U.S.C.A.~~ 1395 et seq. and 1936 et seq.). *It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.* A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

> *A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;*
>
> *A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act* [210 ILCS 85];
>
> *Any "facility for child care" as defined in the Child Care Act of 1969* [225 ILCS 10];
>
> *Any "community living facility" as defined in the Community Living Facilities Licensing Act* [210 ILCS 35];
>
> *Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act* [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Human Services ~~Mental Health--and--Developmental-Disabilities~~ *as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act* [210 ILCS 135]*; or*

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]*;* or~~;--(Section-1-113-of-the-Act)~~

Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a

statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

~~Institutional-Occupancy---when-used-in-this--Part--means--Health--Care~~

~~Facilities,---Group--(a),-as-defined-in-Chapter-10,--paragraph-10-0001 of-the-Life-Safety-Code,--National-Fire-Protection--Association--(1985 Edition).~~

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on

or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and

governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy

Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10:00 a.m. and 8:00 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

Sanitization - the reduction of pathogenic organisms on a utensil

surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker~~, Qualified~~ - A person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution; or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter,

semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 390.140(a)(3) and 390.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 390.165(b)(1).

Sufficient - Same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated

thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 23 Ill. Reg. 8021, effective JUL 15 1999)

SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

Section 390.1020 Medical Services

a) General Medical Services

1) The facility shall have a written program of medical services approved in writing by the medical advisory committee that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility.~~(B)~~

2) A ~~There--shall--be--a~~ medical advisory committee composed of at least a physician, administrator and the director of nursing~~,~~ ~~which~~ shall be responsible for advising the administrator and the licensee on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, the physician shall ~~be--may~~ be a member of this committee. The written program of medical services shall also include the structure and function of the medical advisory committee. ~~(B)~~

b) Medical Emergencies

1) The medical advisory committee shall develop policies and procedures to be followed during ~~the various~~ medical emergencies including ~~that may occur from time--to--time--in--long-term--care facilities.---These--medical--emergencies--include~~, but ~~are~~ not limited to, ~~such things as~~ foreign body aspiration, poisoning, acute trauma (fractures, burns, and lacerations), cardiac arrest,

acute coronary, acute cardiac failure, asthmatic or allergic reactions, acute convulsion, shock, diabetic coma, insulin shock, and acute respiratory distress. ~~(B)~~

2) The facility shall maintain in a suitable location the equipment necessary to be used during ~~these~~ emergencies~~,~~ including ~~This equipment shall include~~, but ~~is~~ not limited to, ~~the following:~~ a portable oxygen kit, including a face mask or cannula; an airway; and tongue blades. ~~(B)~~

3) At ~~There--shall--be--at~~ least one staff person shall be on duty at all times who has been properly trained to handle ~~the~~ medical emergencies ~~in this subsection(b)~~. ~~(B)~~

c) Communicable Disease Policies

1) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

2) The facility shall not knowingly admit a person with a communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, except as allowed in subsection (c)(4) of this Section. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code until isolation can be discontinued or the person can be transferred.

3) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. The facility shall also inform the Department of all incidents of scabies and other skin infestations.

4) Admission of Persons with Communicable, Contagious, or Infectious Diseases

A) Persons with communicable, contagious, or infectious diseases may be admitted under the following conditions:

i) When a person's infectious condition is directly related to one or more chronic pressure sores, from which laboratory tests have proven the presence of a pathogenic organism. Such a person may be admitted if the facility is capable of implementing appropriate treatment and isolation techniques to avoid secondary spread of infection.

ii) When a person's condition is communicable, contagious, or infectious only through blood or other body fluid contact, such as hepatitis, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) infection.

B) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease under

subsection (c)(4)(A) of this Section. The notice to the Department shall include at least the date of the admission and the nature of the condition.

C) Written approval to admit or keep a person with other communicable, contagious or infectious diseases may be granted by the Department on an individual case basis. Such approval will depend upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the person and to safeguard the staff and other residents of the facility from the spread of primary and secondary infections.

~~1) The administrator shall assume the responsibility for meeting the Department's rules entitled "Control of Communicable Disease Code" (77 Ill. Adm. Code 690), so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. (B)~~

~~2) As part of this responsibility, the administrator shall establish an Infection Control Committee, composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance and other services. The committee shall establish policies and procedures for investigating, controlling, and preventing infections in the facility, and for monitoring staff performance to ensure that the policies and procedures are executed.~~

~~3) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease shall be placed in the appropriate type of isolation as required by the Department's rules entitled "Control of Communicable Disease Code" (77 Ill. Adm. Code 690) and "Isolation Techniques for Use in Hospitals", U. S. Public Health Service, for the period of time required for each specific disease or until removed from the facility. (A, B)~~

~~4) All illnesses required to be reported under subsection (c)(1) of this Section, shall be reported immediately to the local health department and to this Department. The administrator shall furnish all pertinent information relating to such occurrences. (B)~~

~~5) Procedures and aseptic isolation techniques shall be established in writing and followed by all personnel. (B)~~

d) Infection Control

1) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. Activities shall be monitored to ensure that these policies and procedures are followed.

2) Each facility shall adhere to the recommendations of the U.S. Public Health Service contained in the publication entitled "Guidelines for the Prevention and Control of Nosocomial Infections". This publication may be obtained from the Center for Infectious Diseases, Centers for Disease Control, U.S. Public Health Services, Department of Health and Human Services, Atlanta, Georgia 30333. This publication includes the following guidelines:

A) "Guidelines for Prevention of Catheter-Associated Urinary Tract Infections" (October 1981).

B) "Guidelines for Handwashing and Hospital Environmental Control" (1985).

C) "Guidelines for Prevention of Intravascular Infections" (October (1981).

D) "Guideline for Prevention of Surgical Wound Infections" (March 1982, Revised 1985).

E) "Guideline for Prevention of Nosocomial Pneumonia" (February 1994).

F) "Guideline for Isolation Precautions in Hospitals" (January 1996).

G) "Guideline for Infection Control in Hospital Personnel" (July 1983).

(Source: Amended at 23 Ill. Reg. 8021, effective JUL 15 1999)

Section 390.1035 Tuberculin Skin Test Procedures

Tuberculin skin tests ~~test~~ for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). ~~requirements in this Section.~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~a) Where--there--is-documentation-for-an-employee-or-resident-of-previous significant--skin---test---reaction---and---previous---treatment---for tuberculosis,--no--skin--test--is-required.--The-facility-shall-retain such--documentation--of--testing--and--treatment--in--the---employee's personnel-record-of-the-resident's-medical-record.~~

~~b) The--tuberculin--skin--test--shall-consist-of-five-tuberculin-units-of purified--protein--derivative--administered--intredermally--using--the Mantous-method.~~

~~c) A-significant-reaction-shall-be-considered-to-exist-when-either-of-the following-conditions-exist:~~

~~1) There-is-an-area-of-induration-of-ten-mm-or-more-in-diameter.~~

~~2) There-is-an-area-of-induration-of-five-mm-or-more-in-diameter-and the--attending--physician--or--local--health--authority---suspect tuberculosis-on-the-basis-of-disease-or-exposure.~~

~~d) If--the--first-test-is-nonsignificant,-a-second-test-shall-be-given-at least-one-week,-but-no-more-than-three-weeks,-after-the-first-test.~~

~~e) If-the-first-or-second-test-reaction--is--significant,--or--if--active tuberculosis--is--suspected--at--any--time,-the-attending-physician-or local-health--authority--shall--order--any--further--examinations--and treatment--which-is-considered-necessary,-such-as-x-rays,-cultures,-or sputum-smears.~~

(Source: Amended at 23 Ill. Reg. 8021 ~~[illegible]~~, effective JUL 15 1999)

SUBPART H: RESIDENT AND FACILITY RECORDS

Section 390.1610 Resident Record Requirements

a) Each facility shall have a medical record system that retrieves ~~facilitates-the-retrival-of~~ information regarding individual residents ~~as-demonstrated-by-the-facility~~.

b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.

c) Record entries shall meet the following requirements:

1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.

~~2) Each--record--entry--shall--be--written-in-ink-or-typed,-shall-be signed,-dated,-and-shall-include-the-profession-or-title--of--the person-making-the-entry.~~

2) All entries into the medical record shall be authenticated by the individual who made or authored the entry. "Authentication", for purposes of this Section, means identification of the author of a medical record entry by that author and confirmation that the contents are what the author intended.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatment including, but not limited to, radiologic or laboratory reports and other similar reports.

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for that particular piece of information.

d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the authentication ~~original written signature~~ of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable.

e) The record shall include medically defined conditions and prior medical history, medical status, physical and mental functional status, sensory and physical impairments, nutritional status and requirements, special treatment and procedures, mental and psychosocial status, discharge potential, rehabilitation potential, cognitive status and drug therapy.

f)~~e)~~ An ongoing resident record including progression toward and regression from established resident goals shall be maintained. ~~(B)~~

1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. ~~(B)~~

2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or habilitation services, shall be included in the resident's progress record when the recommendations pertain to an individual resident.

g)~~f)~~ A medication administration record shall be maintained that ~~which~~ contains the date and time each medication is given, name of drug, dosage, and by whom administered.

h)~~g)~~ Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that ~~which~~ shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.

i)~~h)~~ The records maintained for each resident shall be adequate for:

1) Planning and continuously evaluating each resident's habilitation program,

2) Furnishing evidence of each resident's progress and response to the habilitation program, and

3) Protecting each resident's legal rights.

j)~~i)~~ The facility may use ~~shall have the option of using~~ universal progress notes in the medical records.

k)~~j)~~ Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 390.1650 of this Part.

l)~~k)~~ Discharge information shall be completed within 48 hours after the resident leaves the facility.

1) Within 48 hours after the resident leaves the facility the resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form.

2) The discharge information shall also include reasons for discharge, diagnosis, individual habilitation plan, physical, pertinent medical and social histories, orders and staff recommendations for immediate care to ensure the optimal continuity of care for the resident.

m)~~l)~~ At the time of discharge, the facility shall provide those responsible for the resident's post-discharge care with a ~~an~~ discharge summary. A copy of this discharge summary shall be retained as a part of the resident record.

n)~~m)~~ When a resident is temporarily transferred to another location, the facility shall provide the temporary caretaker with medical and other information necessary and useful in the care and treatment of the resident.

o)~~n)~~ At least six months prior to a resident's 18th birthday, the facility shall complete a report regarding the resident's guardianship status and any actions needed to establish guardianship.

p)~~o)~~ Each resident record is the property of the facility. The facility shall be responsible for securing resident record information against loss, defacement, tampering or use by unauthorized persons.

(Source: Amended at 23 Ill. Reg. 8021, effective JUL 15 1999)

SUBPART I: FOOD SERVICE

Section 390.1810 Director of Food Services

a) ~~Each facility shall have a director of food service who shall be either a dietitian or a dietetic service supervisor as defined in Section 390.330. (B) 1)~~ A ~~The director of food service shall be a~~ full-time person, qualified ~~suited~~ by training and experience, shall ~~who has been designated by the administrator to~~ be responsible for the total food and nutrition services ~~service operation~~ of the facility. This person shall be on duty a minimum of 40 hours each week. ~~(B)~~

1) This person shall be either a dietitian or a dietetic service supervisor.

2) The person responsible for the food service may assume some cooking duties but only if these duties do ~~head cook may be designated to fill this position as long as it does~~ not interfere with the responsibilities of management and supervision ~~either position~~.

b) ~~Consultation.~~ If the person responsible for food services is not a dietitian, the person ~~he~~ shall have frequent and regularly scheduled consultation from a ~~qualified~~ dietitian. Consultation ~~This~~

~~consultation~~, given in the facility, ~~shall be not less than eight hours each month and~~ shall include ~~consultation--and~~ training, as needed, in areas such as menu planning and review, food preparation, food storage, food service, safety, food sanitation, and use of food equipment. Clinical management of therapetic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical assessments; physical limitations; adaptive eating equipment; and clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions. ~~in all food--service--procedures--such--as--menu planning--and--review,--food--preparation,--food-storage,-food-service safety,-sanitation-and-management-of-therapeutic-diets-and--in-service education.~~

c) A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year.

(Source: Amended at 23 Ill. Reg. 8021 ~~[illegible]~~, effective JUL 15 1999)

Section 390.1840 Diet Orders

a) Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians when prescribing diets.

b)~~a)~~ Physicians shall write a diet order, in the medical record, ~~a diet order~~ for each resident ~~residents~~ indicating whether the resident is to have a general or a therapeutic diet. ~~and the~~ The diet shall be served as ordered.

c)~~b)~~ A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet is changed. Each change shall be ~~A diet order for each resident shall be sent in writing--to--the--food--service--department--for--each--new admission and for every subsequent change in diet for that resident as~~ ordered by the ~~his~~ physician. The diet order shall include, at a minimum ~~but is not limited to~~, the following information: name of resident, room and bed number, type of diet, consistency if other than regular consistency, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department.

d)~~c)~~ The resident ~~residents~~ shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical ~~his~~ record ~~and--reported--to--the--dietitian~~. Any significant changes in weight shall ~~also~~ be reported to the dietitian. ~~(B)~~

e) A therapeutic diet means a diet ordered by the physician as part of treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

f) All therapeutic diets shall be medically prescribed and shall be planned or approved by a dietitian.

g) The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specified diet, information for each specified type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.

h) All oral liquid diets shall be reviewed every 48 hours. Medical soft diets, sometimes known as transitional diets, shall be reviewed every three weeks. All other therapeutic and mechanically altered diets, including commercially prepared formulas that are in liquid form and blenderized liquid diets, shall be reviewed as needed, or at least every three months.

(Source: Amended at 23 Ill. Reg. 8021 ; effective JUL 15 1999)

Section 390.1850 Meal Planning ~~Adequacy of Diet and Meal Pattern~~

a) The diet for all residents shall be as prescribed by the attending physician.

b) Nutritional Requirements for Infants and Children

1) The charts in Tables A and B labeled Nutritional Requirements for Infants and Children have been adapted from current recommendations of the Food and Nutrition Board, National Research Council for children with normal growth and developmental patterns. These recommendations vary for each age group.

2) The Nutritional Requirements ~~They~~ are to be used as guidelines only in those cases where the physician does not prescribe a therapeutic diet. However, the diet of a resident with severe physical abnormalities and ~~for~~ irregular growth and developmental patterns may require a considerable variance from the current recommended allowances. Such variance shall be permitted upon the written order of the attending physician.

c) Meals ~~Meal Pattern:--Foods~~ for the day shall be planned to provide a variety of foods, variety in texture and good color balance. The following meal patterns shall be used. ~~to give--"eye--appeal"--to--the meal.---One of the following meal patterns and schedules shall be used for residents'--general--diet.---Variations--from--these--patterns--or schedules will require prior written approval from the Department.~~

1) Three meals a day plan ~~Meals A Day Plan~~

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A) Breakfast ~~(6:30----8:30A.M.)~~: Fruit or juice, cereal, meat ~~Juice,-Cereal,-Meat~~ (optional, but three ~~or~~ to four times per week preferable), bread, butter ~~Bread,--Butter~~ or margarine, milk, ~~Margarine,--Milk,~~ and choice ~~Choice~~ of additional beverage ~~Beverage~~.

B) Main Meal (may be served noon or evening) ~~(11:30-A.M.---1:30 P.M.)-or-(4:30---6:30-P.M.)~~: Soup or juice ~~Juice~~ (optional appetizer), entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute, vegetable ~~Vegetable~~ or salad, dessert ~~Salad,--Dessert~~ (preferably ~~Preferably~~ fruit unless fruit is served as a salad or will be served at other meal), bread, butter ~~Bread--Butter~~ or margarine ~~Margarine~~, and choice of beverage ~~Choice-of-Beverage~~.

C) Lunch or Supper ~~(11:30-A.M.---1:30-P.M.)--or--(4:30-----6:30 P.M.)~~: Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute (optional ~~Optional~~ if served at main meal), vegetable ~~Vegetable~~ or salad, dessert, bread, butter ~~Salad,-Dessert, Bread,-Butter~~ or margarine, milk ~~Margarine,-Milk~~, and choice ~~Choice~~ of additional beverage ~~Beverage~~.

~~2) Four-Meals-A-Day-Plan~~

~~A) Breakfast-(6:30---8:30-A.M.):--Juice,-Cereal,-Toast-or-Roll, Butter-or-Margarine,-Milk,-Choice-of-additional-Beverage~~

~~B) Brunch-(10:30-A.M.---12:30-P.M.):--Fruit-or-Juice,-Main-Dish (quality-protein);-Bread,-Rolls-or-Special-Breads--(such--as French--Toast--or-Pancakes);-Butter-or-Margarine;-and-Choice of-Beverage.~~

~~C) Full-Dinner-(3:30---5:30-P.M.):--Appetizer-or-Soup,--Protein Entree,--Potato--or--Potato--Substitute,--Vegetable,--Salad, Dessert,--Bread--or--Roll,--Butter--or--Margarine,-Milk,-and Choice-of-additional-Beverage.~~

~~D) Light-Meal-(6:30---8:30--P.M.):--Meat--Group,--Bread--Group, Light-Dessert,-and-Milk-or-Juice.~~

~~3) Five-Meal-A-Day-Plan~~

~~A) Continental--Breakfast--(6:30---8:30-A.M):Fruit-Juice,-Toast or-Roll,-Butter-or-Margarine,-Milk,-and-Choice-of-additional Beverage.~~

~~B) Brunch-(9:30---11:30-A.M.):--Fruit-or-Juice,-Cereal,-Eggs-or Meat-Dish,-Bread-or-Muffin--or--Special,--Toast,--Butter--or Margarine,-and-Beverage~~

~~C) Light--Meal-(12:30---2:30):--Soup-with-Crackers,-Meat-Group, Bread-Group,-and-Milk-or-Beverage.~~

~~D) Dinner-(3:30---5:30-P.M.):--Meat,-Fish-or-Poultry,-Potato-or Potato-Substitute,-Vegetable,-Salad,-Bread-or--Roll,--Butter or--Margarine,--Dessert,--Milk,--and--Choice--of--additional Beverage.~~

~~E) Light--Meal--(6:30-----8:30-P.M.):--Meat-Group,-Bread-Group, Fruit-Juice--or--Milk,--and--Dessert--(such--as--Ice--Cream,~~

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~~Cookies,-Jello,-Pudding,-Custard,-or-Fruit).~~

2) Other meal plans may be used if facilities are able to meet residents' needs using such plans.

~~d) Whatever-schedule-is-established,--there--shall--be--a--time--span--of approximately-three-hours-between-meals.~~

(Source: Amended at 23 Ill. Reg. 8021 ~~7~~, effective JUL 15 1999)

Section 390.1880 Menus and Food Records ~~Menu-Planning~~

a) Menus, including menus for between meal or bedtime snacks and "sack" lunches, if required, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served. ~~(B)~~

b) The menu for the current week shall be dated and available in the kitchen ~~posted~~. Upon the request of the Department, sample menus shall be submitted for evaluation.

c) Menus shall be different for the same day of consecutive weeks and adjusted for seasonal differences.

d) All menus as actually served shall be kept on file at the facility for not less than 30 days.

e) Food label information for purchased prepared food, listing food composition and, when available, nutrient content, shall be kept on file in the facility for the current menu cycle.

f)~~e)~~ Supplies of staple food for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies ~~Supplies~~ shall be appropriate to meet the requirements of the menu.

g)~~f)~~ Records of all food purchased shall be kept on file in the facility for not less than 30 days.

(Source: Amended at 23 Ill. Reg. 8021 ~~7~~, effective JUL 15 1999)

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Section 390.APPENDIX A Interpretation and Illustrative Services for Long-Term Care Facility for Residents Under 22 Years of Age (Repealed)

~~Interpretation of:~~

~~*Long-Term-Care-Facility-for-Residents-Under-22-Years-of-Age*~~

~~A-Long-Term-Care-Facility-for-Residents-Under22-Years-of-Age--provides care-which-includes-physical,-emotional,-social,-restorative-and-other habilitative-services-for-a-resident.--These-services,-provided-for-in a--planned--medical--program--as--part--of--the--resident's-individual habilitation--plan,--encompass--skilled--nursing,--rehabilitative--and habilitative-nursing,-physical,-occupational,-recreational-and--speech therapies,--psychological-and-social-services,-and-are-directed-toward the-development-of-personal-and-social-independence-and--health.---All available-resources-are-utilized-to-plan-and-reach-these-goals.~~

~~Residents-who-require-continuous-nursing-care-for-unstable-conditions, recurring--medical--problems,-chronic-long-term-medical-conditions,-or convalescing-from-surgery--or--acute--illness,--and--for--whom,--as--a practical--matter,-must-receive-these-services-on-an-in-resident-basis are-appropriate-for-placement-in-these-facilities.~~

~~Facility-staff-and-its-consultants-must-be-composed-of--those--trained to--recognize-significant-and/or-potential-deterioration-or-changes-in the-resident's-health-status-or-medical-needs-and-developmental-status and--needs.---The--facility--staff--shall--also--participate--in---the formulation-and-implementation-of-the-resident's-habilitation-plan.~~

~~Illustrative-Services-of:~~

~~*Long-Term-Care-Facility-for-Residents-Under-22-Years-of-Age*~~

~~A--Long-Term--Care--Facility--for-Residents-under-22-Years-of-Age-is-a level-of-care,-both--qualitative--and--quantitative,--administered--by trained-personnel-and-would-include:~~

~~Skilled--nursing--treatments,--such--as,--the--administration--of medications,--oxygen,--tube-feedings,-intravenous-fluids,-and-the care-and-administration-of--respiratory--therapy,--catherizations and--irrigations,--ostomies,--and-dressings-involving-medications and-aseptic-techniques.~~

~~Skilled-rehabilitative-and--habilitative--therapy--and--training, such--as,--positioning--and--posture-development,-range-of-motion exercises,-gait-training,-postural-drainage,--and--activities--of daily--living--training,--such--as,--feeding,--bowel-and-bladder, dressing-and-hygiene.~~

~~Skilled--nursing--observations--to--detect--and---evaluates---the resident's--need-for-modifications-of-treatment-or-institution-of medical-procedure.---Skilled--nursing--supervision--and--on-going evaluation--to--assess--resident's-need,-assist-in-formulation-of the-resident's-individual-habilitation-plan,--and--to--coordinate its-implementation.~~

~~Skilled--therapy--in--communication-skills,-such-as,-articulation and-language.~~

~~Skilled--services--in--sensory--integration,--through--a--planned~~

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~~stimulation-program,-to-develop-and--increase--body--and--sensory awareness,-and-to-develop-and-coordinate-resident's-response.~~

~~Skilled--supervision--and--provision-of-behavior-management,-such as,-a-planned-program-of-behavior--modification--and--therapeutic counseling-to-develop-or-retain-appropriate-behavior.~~

~~Supportive--program--services,--such--as--social--habilitation-to develop-social-skills-and--community--awareness--and--therapeutic activities--to--provide--diversional,-spiritual,-and-recreational services.~~

(Source: Repealed at 23 Ill. Reg. 8021, effective JUL 15 1999)

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1) Heading of the Part: Sheltered Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 330

3)

Section Numbers:	Adopted Action:
330.330	Amendments
330.1130	Amendments
330.1135	Amendments
330.1710	Amendments
330.1940	Amendments
330.1950	Amendments
330.1960	Repealer
330.1980	Amendments
330.Appendix A	Repealer

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective date of amendments: July 15, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal was Published in Illinois Register:

July 24, 1998 - 22 Ill. Reg. 13522

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Difference between proposal and final version: The following changes were made in response to comments received during the First Notice or public comment period:

1. The following was added to the definition of "*Facility or Long-Term Care Facility*" in Section 330.330: (after the second sentence) "*It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veternas' Affairs.*"; (at the end of the first subparagraph) "*Other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;*"

2. The following exception was added to the definition of "*Facility or Long-Term Care Facility*" in Section 330.330: "*Any supportive living facility in good standing with the demonstration project established*

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under Section 5-5.01a of the Illinois Public Aid Code [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)". "*Mental Health and Developmental Disabilities*" was stricken and "*Human Services*" was added).

3. In Section 330.1130(a), the following was stricken: "so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases."

4. In Section 330.1130(b), "as defined in the Control of Communicable Diseases Code" was added after "disease" in the first sentence.

5. In Section 330.1710(c)(1), the strikeouts were removed and the stricken text was retained as subsection (1). The underlined text was renumbered as subsection (2); subsection (2) was renumbered as (3).

6. In Section 330.1710(c)(3), "required" was changed to "authorized".

7. Section 330.1710(c)(4)-(8) was deleted and replaced as follows:

"4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials, supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a state-required inspection may have access to electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics

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available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for the particular piece of information."

8. In Section 330.1940(c), "consistency" was added after "regular" in the third sentence.

9. In Section 330.1940(g), "posted" was changed to "available".

10. The first paragraph in Section 330.1950 was rewritten as follows:

"~~a)~~ Each resident shall be served food to meet the resident's needs and to meet the physician's orders. ~~The daily food allowance shall meet the nutritional needs of each resident~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances ~~meet the basic food pattern for a general diet for an adult following the recommendations~~ of the Food and Nutrition Board~~,~~ of the National Research Council, National Academy of Sciences. ~~and shall include: (A, B)~~".

11. In Section 330.1950(a), "Group" was added after "Products".

12. In Section 330.1950(a)(3), "or one cup frozen yogurt" was added after "yogurt".

13. A new Section 330.1950(a)(5) was added:

"5) 1 1/2 cups ice cream or ice milk."

14. Section 330.1950(b), was rewritten as follows:

"b)~~c)~~ Meat Group ~~MEAT GROUP: Two or more servings of protein food of good quality:~~ A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving."

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15. In Section 330.1950(b)(6), "not more than twice a week and" was deleted. The following sentence was deleted: "Protein alternatives shall be listed on the menu as such."

16. A new Section 330.1950(b)(8) was added:

"8) The content of meat alternative products shall be listed on the menu."

17. In Section 330.1950(c)(2)(B), "retinol equivalent (RE)" was added after "micrograms".

18. A new Section 330.1950(c)(3) was added:

"3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving."

19. In Section 330.1950(d)(2), "noodles or grain product," was added.

20. Section 330.1950(d)(4) was rewritten as follows:

"4) 1/2 hamburger or hotdog bun, bagel or English muffin,".

21. The following new subsections were added in Section 330.1950(d):

"6) One tortilla,

7) Three to four plain crackers (small),
8) 1/2 croissant (large), doughnut or danish (medium),

9) 1/16 cake,

10) Two cookies,

11) 1/12 pie (2-crust, 8")."

22. Subsection (g) in Section 330.1950 was deleted; "(h)" was changed to "(g)".

23. Section 330.1950(g)(2) was rewritten as follows:

"Other meal patterns may be used if facilities are able to meet residents' needs using such plans."

The following changes were made in response to comments and suggestions of the JCAR:

In Section 330.1980(b), "posted" was stricken and "available" was added.

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In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of the amendments: In Section 330.330 (Definitions), the definition of "Dietitian" is amended to reference the Dietetic and Nutrition Services Practice Act [225 ILCS 30]. The definition of "Dietetic Service Supervisor" is amended to delete reference to a "qualified" dietitian, since licensed dietitians are deemed to be qualified. The term "qualified" is also deleted in the definition of "Social Worker". Qualification is indicated by licensure status. The term "Institutional Occupancy" is being deleted, since it is no longer used in the rules.

Section 330.1130 (Communicable Disease Policies) is being reorganized and updated to include current admission policies and requirements for compliance with other Department Codes. A facility group, either an infection control committee, quality assurance committee, or other facility entity, shall establish policies and procedures for investigating, controlling, and preventing infections in the facility. Incorporated materials from the U.S. Public Health Service are added.

Section 330.1135 (Tuberculin Skin Test Procedure) is being revised to reference the Department's Control of Tuberculosis Code (77 Ill. Adm. Code 696).

Section 330.1710 (Resident Record Requirements) is being amended to include requirements for electronic or computer-generated signature, including development of a facility policy permitting such signatures and verification requirements.

Section 330.1940 (Diet Orders) is being amended to include more specific requirements for diet orders and therapeutic diets.

The heading of Section 330.1950 is being changed from "Adequacy of Diet and Meal Pattern" to "Meal Planning," to emphasize that this Section is to be used to plan menus and purchase food. The daily food allowances have been amended to correspond to the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Soy protein has been added as an allowance in the Meat Group. Examples of what constitutes a "serving" have been included in each food group.

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Section 330.1960 (Therapeutic Diets) is being repealed, since requirements for therapeutic diets are being included in Section 330.1940.

The heading of Section 330.1980 is being changed from "Menu Planning" to "Menus and Foods Records." A requirement that food label information be kept on file for the current menu cycle is being added.

Section 330.APPENDIX A (Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities) is being repealed. This material is outdated and inaccurate.

16) Information and questions regarding these adopted amendments shall be directed to:

Ms. Gail DeVito
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
(rules @idph.state.Il.us)

The full text of the adopted amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 330
SHELTERED CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section
330.110 General Requirements
330.120 Application for License
330.130 Licensee
330.140 Issuance of an Initial License For a New Facility
330.150 Issuance of an Initial License Due to a Change of Ownership
330.160 Issuance of a Renewal License
330.165 Criteria for Adverse Licensure Actions
330.170 Denial of Initial License
330.175 Denial of Renewal of License
330.180 Revocation of License
330.190 Experimental Program Conflicting With Requirements
330.200 Inspections, Surveys, Evaluations and Consultation
330.210 Filing an Annual Attested Financial Statement
330.220 Information to be Made Available to the Public By the Department
330.230 Information to be Made Available to the Public By the Licensee
330.240 Municipal Licensing
330.250 Ownership Disclosure
330.260 Issuance of Conditional Licenses
330.270 Monitoring and Receivership
330.271 Presentation of Findings
330.272 Determination to Issue a Notice of Violation or Administrative Warning
330.274 Determination of the Level of a Violation
330.276 Notice of Violation
330.277 Administrative Warning
330.278 Plans of Correction
330.280 Reports of Correction
330.282 Conditions for Assessment of Penalties
330.284 Calculation of Penalties
330.286 Determination to Assess Penalties
330.288 Reduction or Waiver of Penalties
330.290 Quarterly List of Violators
330.300 Alcoholism Treatment Programs In Long-Term Care Facilities
330.310 Department May Survey Facilities Formerly Licensed
330.315 Supported Congregate Living Arrangement Demonstration
330.320 Waivers
330.330 Definitions
330.340 Incorporated and Referenced Materials

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SUBPART B: ADMINISTRATION

Section
330.510 Administrator

SUBPART C: POLICIES

Section
330.710 Resident Care Policies
330.720 Admission and Discharge Policies
330.730 Contract Between Resident and Facility
330.740 Residents' Advisory Council
330.750 General Policies
330.760 Personnel Policies
330.765 Initial Health Evaluation for Employees
330.770 Disaster Preparedness
330.780 Serious Incidents and Accidents

SUBPART D: PERSONNEL

Section
330.910 Personnel
330.911 Health Care Worker Background Check
330.913 Nursing and Personal Care Assistants (Repealed)
330.916 Student Interns (Repealed)
330.920 Consultation Services
330.930 Personnel Policies

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section
330.1110 Medical Care Policies
330.1120 Personal Care
330.1125 Life Sustaining Treatments
330.1130 Communicable Disease Policies
330.1135 Tuberculin Skin Test Procedures
330.1140 Behavior Emergencies (Repealed)
330.1145 Restraints
330.1150 Emergency Use of Physical Restraints
330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs

SUBPART F: RESTORATIVE SERVICES

Section
330.1310 Activity Program
330.1320 Work Programs
330.1330 Written Policies for Restorative Services

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SUBPART G: MEDICATIONS

Section
330.1510 Medication Policies
330.1520 Administration of Medication
330.1530 Labeling and Storage of Medications

SUBPART H: RESIDENT AND FACILITY RECORDS

Section
330.1710 Resident Record Requirements
330.1720 Content of Medical Records
330.1730 Records Pertaining to Residents' Property
330.1740 Retention and Transfer of Resident Records
330.1750 Other Resident Record Requirements
330.1760 Retention of Facility Records
330.1770 Other Facility Record Requirements

SUBPART I: FOOD SERVICE

Section
330.1910 Director of Food Services
330.1920 Dietary Staff in Addition to Director of Food Services
330.1930 Hygiene of Dietary Staff
330.1940 Diet Orders
330.1950 Meal Planning ~~Adequacy of Diet and Meal Pattern~~
330.1960 Therapeutic Diets (Repealed)
330.1970 Scheduling of Meals
330.1980 Menus and Food Records ~~Menu Planning~~
330.1990 Food Preparation and Service
330.2000 Food Handling Sanitation
330.2010 Kitchen Equipment, Utensils, and Supplies

SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

Section
330.2210 Maintenance
330.2220 Housekeeping
330.2230 Laundry Services

SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section
330.2410 Furnishings
330.2420 Equipment and Supplies

SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

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Section
330.2610 Codes
330.2620 Water Supply
330.2630 Sewage Disposal
330.2640 Plumbing

SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

Section
330.2810 Applicable Requirements (Repealed)
330.2820 Applicability of These Standards
330.2830 Submission of a Program Narrative
330.2840 New Constructions, Additions, Conversions, and Alterations
330.2850 Preparation and Submission of Drawings and Specifications
330.2860 First Stage Drawings
330.2870 Second Stage Drawings
330.2880 Architectural Drawings
330.2890 Structural Drawings
330.3000 Mechanical Drawings
330.3010 Electrical Drawings
330.3020 Additions to Existing Structures
330.3030 Specifications
330.3040 Building Codes
330.3050 Site
330.3060 General Building Requirements
330.3070 Administration
330.3080 Corridors
330.3090 Bath and Toilet Rooms
330.3100 Living, Dining, Activity Rooms
330.3110 Bedrooms
330.3120 Special Care Room
330.3130 Kitchen
330.3140 Laundry
330.3150 Housekeeping, Service, and Storage
330.3160 Plumbing
330.3170 Heating
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SUBPART N: FIRE PROTECTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

Section
330.3310 Applicable Requirements (Repealed)
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AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991;

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amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15, 1996; amended at 20 Ill. Reg. 12160, effective September 10, 1996; amended at 22 Ill. Reg. 4078, effective February 13, 1998; amended at 22 Ill. Reg. 7203, effective April 15, 1998; amended at 22 Ill. Reg. 16594, effective September 18, 1998; amended at 23 Ill. Reg. 1085, effective January 15, 1999; amended at 23 Ill. Reg. 8064, effective JUL 15 1999.

SUBPART A: GENERAL PROVISIONS

Section 330.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or

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deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual Assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 330.1145 as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a

reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 330.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the

Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise by required by the facility. This definition is limited to the definition of chemical restraint and Section 330.1145 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225

ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a ~~qualified~~ dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who is a licensed dietitian as provided in the Dietetic and Nutrition Services Practice Act [225 ILCS 30].~~;~~

~~is--eligible--for---registration---by---the---American---Dietetic Association;-or~~

~~has--a--baccalaureate--degree--with--major--studies--in--food-and nutrition,-dietetics,-and-food-service-management,-has--one--year of--supervisory--experience--in--the-dietetic-service-of-a-health care--institution,--and--participates--annually---in---continuing dietetic-education.~~

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section

1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5] *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more*

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persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act (42 USCA ~~U.S.C.A.~~ 1395 et seq. and 1936 et seq.). *It also includes homes, institutions, or other places operated by or under the authority of Illinois Department of Veterans' Affairs.* A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 [225 ILCS 10];

Any "community living facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Human Services ~~Mental Health and Developmental Disabilities~~ as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]; or

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]*or*~~. (Section 1-113 of the Act)~~

Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the

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Illinois Public Aid Code [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full time - on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care,

day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

~~Institutional--Occupancy---when--used--in--this-Part-means-Health-Care Facilities,-Group-(a),-as-defined-in-Chapter-10,-paragraph-10-0001--of the--life--Safety--Code,--National--Fire--Protection-Association-(1985 Edition).~~

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker,

crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or medical condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but

are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the

day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS

15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10 A.M. and 8 P.M. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of

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conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, ~~Qualified~~ - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire

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Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, *beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation.* (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 330.140(a)(3) and 330.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 330.165(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the

actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 23 Ill. Reg. 8064, effective JUL 15 1999)

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section 330.1130 Communicable Disease Policies

a) The facility ~~administrator~~ shall meet ~~assume--the--responsibility--for meeting~~ the ~~Department's--rules--entitled~~ "Control of Communicable Diseases Code" (77 Ill. Adm. Code 690), ~~so-that--there--is--a--minimum danger--of--transmission--of--contagious,--infectious,-or-communicable diseases. (B)~~

b) The facility shall not knowingly admit a person ~~No--resident~~ with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code ~~shall-be-admitted-knowingly.~~ A resident who is suspected of or ~~An-individual,-when-suspected-or~~ diagnosed as having any such disease~~,-after-admission,~~ shall be placed in isolation, if required, in accordance with the ~~Department's--rules entitled--"~~ Control of Communicable Diseases Code" ~~(77-Ill.-Adm.-Code 690)~~ until isolation can be discontinued or the person can be transferred. ~~removed-from-the-facility.--(A,-B)~~

c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) ~~subsection-(a)-of-this-Section~~ shall be reported immediately to the local health department and to the Department. The facility ~~administrator~~ shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations. ~~(B)~~

(Source: Amended at 23 Ill. Reg. 8064, effective JUL 15 1999)

Section 330.1135 Tuberculin Skin Test Procedures

Tuberculin skin tests ~~test~~ for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696) ~~requirements-in-this-Section.~~

~~a) Where--there--is-documentation-for-an-employee-or-resident-of-previous significant--skin---test---reaction---and---previous---treatment---for tuberculosis,--no--skin--test--is-required.--The-facility-shall-retain such--documentation--of--testing--and--treatment--in--the---employee's personnel-record-or-the-resident's-medical-record.~~

~~b) The--tuberculin--skin--test--shall-consist-of-five-tuberculin-units-of purified--protein--derivative--administered--intredermally--using--the Mantoux-method.~~

~~c) A-significant-reaction-shall-be-considered-to-exist-when-either-of-the following-conditions-are-present:~~

~~1) There-is-an-area-of-induration-ten-mm-or-more-in-diameter.~~

~~2) There-is-an-area-of-induration-five-mm-or-more--in--diameter--and the---attending--physician--or--local--health--authority--suspect tuberculosis-on-the-basis-of-disease-or-exposure.~~

~~d) If-the-first-test-is-nonsignificant,-a-second-test-shall-be--given--at~~

~~least one week, but no more than three weeks, after the first test.~~

~~e) If the first or second test reaction is significant, or if active tuberculosis is suspected at any time, the attending physician or local health authority shall order any further examination and treatment which is considered necessary, such as x-rays, cultures, or sputum smears.~~

(Source: Amended at 23 Ill. Reg. 8064-3, effective JUL 15 1999)

SUBPART H: RESIDENTS AND FACILITY RECORDS

Section 330.1710 Resident Record Requirements

a) Each facility shall have a medical record system that retrieves ~~facilitates the retrieval of~~ information regarding individual residents ~~as demonstrated by the facility~~.

b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.

c) Record entries shall meet the following requirements:

1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.

2) All entries into the medical record shall be authenticated by the individual who made or authored the entry. "Authentication", for purposes of this Section, means identification of the author of a medical record entry by that author and confirmation that the contents are what the author intended.

3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow

written signatures, written initials supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for that particular piece of information.

d) All physician's orders and plans of treatment shall have the authentication ~~original written signature~~ of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable.

e) The record shall include medically defined conditions and prior medical history, medical status, physical and mental functional status, sensory and physical impairments, nutritional status and requirements, special treatments and procedures, mental and psychosocial status, discharge potential, rehabilitation potential, cognitive status and drug therapy.

f) ~~e)~~ An ongoing resident record including progression toward and regression from established resident goals shall be maintained. ~~(B)~~

1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. ~~(B)~~

2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or rehabilitation services, shall be included in the resident's progress record

when the recommendations pertain to an individual resident.

g)~~f)~~ A medication administration record shall be maintained which contains the date and time each medication is taken, name of drug, dosage, and by whom administered ~~recorded~~. A medication administration record is not required for residents who have been approved by their physician to be fully responsible for their own medications under Section 330.1510(d)(2).

h)~~g)~~ Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that ~~which~~ shall be recorded include, but are not limited to, the prevention of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, blood pressure monitoring, and fluid intake and output.

i)~~h)~~ The facility may use ~~shall--have--the--option--of-using~~ universal progress notes in the medical records.

j)~~i)~~ Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 330.1740 of this Part.

k)~~j)~~ Discharge information shall be completed within 48 hours after the resident leaves the facility. The resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form.

(Source: Amended at 23 Ill. Reg. 8064, effective JUL 15 1999)

SUBPART I: FOOD SERVICE

Section 330.1940 Diet Orders

a) Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians when prescribing diets.

b)~~a)~~ Physicians shall write a diet order, in the medical record, for each resident ~~residents~~ indicating whether the resident is to have a general or a therapeutic diet. The ~~and-the~~ diet shall be served as ordered. ~~A-diet-order-for-each-resident-shall-be-sent-in--writing--to the--food--service--department--for--each--new-admission-and-for-every subsequent-change-in-diet-for-that-resident-ordered-by-his-physician.~~

c)~~b)~~ A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet is changed. Each change shall be ordered by the physician ~~A--diet

order--for--each-resident-shall-be-sent-in-writing-to-the-food-service department~~. The diet order shall include, at a minimum ~~but--is--not limited-to~~, the following information: name of resident, room and bed number, type of diet, consistency if other than regular consistency, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. ~~(see---Section---330.1960---for---ordering therapeutic-diets).--(B)~~

d)~~c)~~ The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical ~~his~~ record. ~~(B)~~

e) Therapeutic diets shall be medically prescribed. Menus for such diets shall be planned by a dietitian. The facility shall provide supervision for preparing and serving the therapeutic diets, obtaining consultation as needed from a dietitian.

f) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

g) The kinds and variation of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.

h) All oral liquid diets shall be reviewed every 48 hours. Medical soft diets, sometimes known as transitional diets, shall be reviewed every three weeks. All other therapeutic and mechanically altered diets, including commercially prepared formulas that are in liquid form and blenderized liquid diets, shall be reviewed as needed, or at least every three months.

(Source: Amended at 23 Ill. Reg. 8064, effective JUL 15 1999)

Section 330.1950 Meal Planning ~~Adequacy-of-Diet-and-Meal-Pattern~~

~~a)~~ Each resident shall be served food to meet the resident's needs and to meet physician's orders. ~~The-daily--food--allowance--for--each--resident--shall~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances ~~meet-the-basic-food--pattern for--a--general-diet-for-an-adult-following-the-recommendations~~ of the Food and Nutrition Board ~~,~~ of the National Research Council, National Academy of Sciences. ~~and-shall-include:--(A,-B)~~

a)~~b)~~ Milk and Milk Products Group ~~MILK-AND-MILK-PRODUCTS:~~ 16 ounces or more ~~Two-or-more-eight-ounce-servings~~ of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption ~~(see-Section~~

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~~330.2000).~~ Calcium equivalents for eight ounces of milk ~~Cheese and ice cream may be used to replace part of the milk. The amount of either needed to replace a given amount of milk is figured on the basis of calcium content. The equivalents are as follows:~~

1) 1 1/2 ounces natural cheese, ~~One inch cube of cheddar type cheese equals one half cup milk;~~
2) Two ounces processed cheese, ~~Two cups cottage cheese equals one half cup milk;~~
3) One cup yogurt or one cup frozen yogurt, ~~One cup ice cream equals one half cup milk. NOTE: If cheese is used as a serving of milk it may not be also counted as a serving of protein in the Meat Group.~~
4) One cup cottage cheese, or
5) 1 1/2 cups ice cream or ice milk.

b)~~c)~~ Meat Group ~~MEAT GROUP: Two or more servings of good quality.~~ A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. The following are examples of one serving:

1) Three ounces (excluding bone, ~~and~~ fat and breading) of any cooked meat such as whole or ground beef, veal, pork or lamb; poultry; organ meats such as liver, heart, kidney; prepared luncheon meats.
2) Three ounces (excluding skin and breading) of cooked fish or shell fish or 1/2 ~~one half~~ cup canned fish.
3) Three ounces of natural or processed cheese or 3/4 ~~three fourths~~ cup cottage cheese.
4) Three eggs (minimum weight 21 ounces per dozen, considered a medium egg). Note: If one egg is served at a meal ~~for breakfast~~, a protein food of good quality may be reduced from six to five ounces for the remaining meals. If two eggs are served at a meal ~~for breakfast~~, a minimum of two ounces of good quality protein ~~of good quality~~ shall be served at each of the remaining meals.
5) 1 1/2 cups ~~One cup~~ cooked dried peas or beans, ~~or~~ six tablespoons of peanut butter, or one cup nuts, not more than twice a week and provided that eggs, milk or lean meat is ~~are~~ served at the same meal.
6) Three ounces of soy protein containing not less than 21 grams of protein or in combination with other sources of quality protein to equal 21 grams of protein, provided that it is acceptable to the resident population.

7)~~6)~~ Combinations of all above examples are acceptable, provided that the minimum ~~Minimum Standard~~ of six ounces of a good quality protein food ~~of good quality~~ is served daily and provided that the combinations do not conflict with eye appeal or palatability.

8) The content of meat alternative products shall be listed on the menu.

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c)~~d)~~ Vegetable and Fruit Group ~~VEGETABLE AND FRUIT GROUP:~~ Five ~~Four~~ or more ~~one half cup~~ servings of fruits ~~fruit~~ or vegetables.

1) A serving consists of ~~This shall include the following:~~
   A) 1/2 cup chopped, raw, cooked, canned or frozen fruit or vegetables;
   B) 3/4 cup fruit or vegetable juice; or
   C) One cup raw leafy vegetable.
2) The five or more servings shall consist of:
   A)~~1)~~ Sources of Vitamin C
      i)~~A)~~ One serving of a good source of vitamin ~~Vitamin~~ C (containing at least 60 mg of vitamin C); or ~~(grapefruit, grapefruit juice, orange, orange juice, cantaloupe, raw strawberries, broccoli, brussel sprouts, green pepper, sweet red pepper) OR~~
      ii)~~B)~~ Two servings~~, one cup,~~ of a fair source of vitamin ~~Vitamin~~ C. This may be more than one food item and shall contain a total of at least 65 mg of vitamin C. ~~(raw cabbage, collards, kale, kohlrabi, mustard greens, potatoes, spinach, tomatoes, tomato juice, turnip greens.)~~
   B)~~2)~~ One serving of a good source of vitamin ~~Vitamin~~ A at least three times a week supplying at least 1000 micrograms retinol equivalent (RE) of vitamin A. ~~weekly (apricots, broccoli, cantaloupe, carrots, chard, collards, kale, persimmon, pumpkin, spinach, sweet potato, turnip greens and other dark green leaves, winter squash).~~
   C)~~3)~~ Other fruits and vegetables, including potatoes, that may be served in 1/3 cup or larger portions. ~~Fruits and Vegetables including Potatoes.~~

~~4) To insure variety, any vegetable or fruit repeated for the day shall not be counted as one of the four servings required in this group.~~

3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving.

d)~~e)~~ Bread, Cereal, Rice and Pasta Group ~~BREAD AND CEREAL GROUP:~~ Six ~~Four~~ or more servings of whole grain, enriched or restored products. One serving equals: ~~, One half cup cooked cereal or three fourths cup dry cereal equals one serving.~~

1) One slice of bread,
2) 1/2 cup of cooked cereal, rice, pasta, noodles, or grain product,
3) 3/4 cup of dry, ready-to-eat cereal,
4) 1/2 hamburger or hotdog bun, bagel or English muffin,
5) One 4-inch diameter pancake,
6) One tortilla,
7) Three to four plain crackers (small),
8) 1/2 croissant (large), doughnut or danish (medium),
9) 1/16 cake,
10) Two cookies, or

11) 1/12 pie (2-crust, 8").

e)~~f)~~ Butter or Margarine ~~BUTTER OR MARGARINE: To Two tablespoons or more to~~ be used as a spread and in cooking.

f)~~g)~~ Other ~~OTHER FOODS: Serve other~~ foods shall be served ~~as necessary~~ to round out meals, satisfy individual appetites, improve flavor, and meet the individual's nutritional and caloric needs. ~~Snacks may also be used for this purpose.~~

g)~~h)~~ Meals ~~Meal Pattern: Foods~~ for the day shall be planned to provide a variety of foods, variety in texture and good color balance ~~to give "eye appeal" to the meal~~. The following meal patterns shall be used.

1) Three meals a day plan: ~~Meals A Day Plan~~

A) Breakfast: Fruit or juice, cereal, meat ~~Juice, Cereal, Meat~~ (optional, but three to four ~~three four~~ times per week preferable), bread, butter ~~Bread, Butter~~ or margarine, milk and choice ~~Margarine, Milk, and Choice~~ of additional beverage ~~Additional Beverage~~.

B) Main Meal (may ~~May~~ be served noon or evening): Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato or potato substitute, vegetable or salad, dessert ~~Potato or Potato Substitute, Vegetable or Salad, Dessert~~ (preferably fruit unless fruit is served as a salad or will be served at another ~~other~~ meal), bread, butter or margarine ~~Bread, Butter or Margarine~~, and choice ~~Choice~~ of beverage ~~Beverage~~.

C) Lunch or Supper: Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato or potato substitute ~~Potato or Potato Substitute~~ (optional if served at main meal), vegetable or salad, dessert, bread, butter or margarine, milk ~~Vegetable or Salad, Dessert, Bread, Butter or Margarine, Milk~~, and choice ~~Choice~~ of additional beverage ~~Additional Beverage~~.

~~2) Four Meals A Day Plan~~

~~A) Breakfast: (7:00 or 7:30 A.M.): Juice, Cereal, Toast or Roll, Butter or Margarine, Milk, and Choice of Additional Beverage.~~

~~B) Brunch: (10:00 or 10:30 A.M.): Fruit or Juice, Main Dish (quality protein), Bread, Rolls or Special Breads (such as French toast, pancakes), Butter or Margarine, and Choice of Beverage.~~

~~C) Full Dinner: (4:00 or 4:30 P.M.): Appetizer or Soup, Protein Entree, Potato or Potato Substitute, Vegetable, Salad, Dessert, Bread or Roll, Butter or Margarine, Milk, and Choice of Additional Beverage.~~

~~D) Snack: (7:00 or 7:30 P.M.): Sandwich (Meat Group filling), light Dessert, and Milk or Juice.~~

~~3) Five Meals A Day Plan~~

~~A) Continental Breakfast (7:00 or 7:30 A.M.): Fruit Juice, Toast or Roll, Butter or Margarine, Milk, and Choice of Additional Beverage.~~

~~B) Brunch: (10:00 or 10:30 A.M.): Fruit or Juice, Cereal, Eggs or Meat Dish, Bread or Muffin or Special Toast, Butter or Margarine, and Beverage~~

~~C) Snack: (1:00 or 1:30 P.M.): Soup with Crackers, Small Sandwich with Meat Group filling, or cheese, or Peanut Butter and Crackers, and Milk or Beverage.~~

~~D) Dinner: (4:00 or 4:30 P.M.): Meat, Fish or Poultry, Potato or Potato Substitute, Vegetable, Salad, Bread or Roll, Butter or Margarine, Dessert, Milk, and Choice of Additional Beverage.~~

~~E) Snack (7:00 or 7:30 P.M.): Small Sandwich with Meath Group filling, Fruit Juice or Milk, and Dessert (such as ice cream, cookies, jello, pudding, custard, or fruit).~~

2) Other meal patterns may be used if facilities are able to meet residents' needs using such plans.

(Source: Amended at 23 Ill. Reg. 8064, effective JUL 15 1999)

Section 330.1960 Therapeutic Diets (Repealed)

~~The diet order (see Section 330.1940(a)) shall include, but is not limited to, the following information: name of resident, room and bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department.~~

~~Medically prescribed diets shall be recorded in the resident's medical record and served as ordered. The resident shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. (B)~~

~~The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen.~~

~~d) All oral therapeutic diets, with the exception of liquid and medical soft diets, shall be reviewed at least every three months. Liquid diets shall be reviewed every 48 hours, medical soft diets shall be reviewed every three weeks. This review may be done by nursing personnel with recommendations to the attending physician.~~

~~e) If the facility accepts or retains individuals in need of medically prescribed diets, the diets shall be medically prescribed. Menus for such diets shall be planned by a dietitian or nutritionist. The facility shall provide the supervision for preparing and serving the special diets, obtaining consultation as needed from a dietitian or nutritionist.~~

~~f) The facility shall have available, and in use, two or more copies of a current diet manual approved by the Department. One copy shall be~~

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~~located--in--the--kitchen--for--use-by-dietary-personnel;-other-copies shall-be-located-in-an-area-where-resident's-medical-records-are-kept.~~

(Source: Repealed at 23 Ill. Reg. 8064, effective JUL 15 1999)

Section 330.1980 Menus and Food Records ~~Menu-Planning~~

a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served. ~~(B)~~

b) The menu for the current week shall be dated and available ~~posted~~ in the kitchen. Upon the request of the Department, sample menus shall be submitted for evaluation.

c) Menus shall be different for the same day of consecutive weeks and adjusted for seasonal differences.

d) All menus as actually served shall be kept on file at the facility for not less than 30 days.

e) Food label information for purchased prepared food listing food composition and, when available, nutrient content shall be kept on file in the facility for the current menu cycle.

f)~~e)~~ Supplies of staple food for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies ~~Supplies~~ shall be appropriate to meet the requirements of the menu.

g)~~f)~~ Records of all food purchased shall be kept on file for not less than 30 days.

(Source: Amended at 23 Ill. Reg. 8064, effective JUL 15 1999)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 330.APPENDIX A Interpretation, Components, and Illustrative Services for Sheltered Care Facilities (Repealed)

~~Interpretation-of:~~

~~SHELTERED-CARE-FACILITIES~~

~~A---sheltered---care---facility--provides--personal--assistance,--supervision, oversight,-and-a-suitable-activities-program.--Provisions-are-made-for-periodic medical-supervision-and-other-medical-services-as-needed.--Such-facilities--are for--individuals-who-do-not-need-nursing-care-but-do-need-the-services-provided by-this-type-of-facility-in-meeting-their-needs.--Examples-of-such--individuals are--referrals--from--institutions-for-the-mentally-handicapped;-those-disabled from-aging;-the-chronically-ill-whose-conditions-have-become-stabilized.~~

~~Components-of:~~

~~SHELTERED-CARE-FACILITIES~~

~~The-services-provided-are-chiefly-characterized-by-the-fact-that-they--can--be provided--by--personnel--other--than-those-trained-in-medical-or-allied-fields. The-services-are-directed-toward-personal-care,-supervision,-and-protection.~~

~~The-medical-services-emphasizes-a--preventive--approach--of--periodic--medical supervision--by--the--resident's--physician-as-part-of-a-formal-medical-program that-will-provide-required-consultation-services-and-also-cover-emergencies.~~

~~The-dietary-needs-of-residents-are-met-by-the-provision-of-an-adequate-general diet-or-by-therapeutic,-medically-prescribed-diets.~~

~~Activity-programs,-embracing-a-wide-variety-of-activities-to--meet--individual needs,-receive-a-major-emphasis.~~

~~Illustrative-Services-for:~~

~~SHELTERED-CARE-FACILITIES~~

~~The--following--services--are--illustrative--of-the-care-provided-in-a sheltered-care-facility:~~

~~Assistance-with-activities-of-daily-living,-such-as-bathing,-dressing, and-eating.--Observation-of-and-assistance-with-the-adjustments--of--a resident-who-has-been-transferred-from-a-psychiatric-environment.~~

(Source: Repealed at 23 Ill. Reg. 8064, effective JUL 15 1999)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 300

3)

Section Numbers:	Adopted Action:
300.330	Amendments
300.660	Amendments
300.663	Amendments
300.1020	Amendments
300.1025	Amendments
300.1210	Amendments
300.1220	Amendments
300.1810	Amendments
300.2010	Amendments
300.2040	Amendments
300.2050	Amendments
300.2080	Amendments
300.3060	Repealer
300.Appendix A	Repealer
300.Appendix C	Repealer

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective date of amendments: July 15, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain any incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal was Published in Illinois Register: July 24, 1998 - 22 Ill. Reg. 13561

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Difference between proposal and final version: The following changes were made in response to comments received during the First Notice or public comment period:

1. The following was added to the definition of "*Facility or Long-Term Care Facility*" in Section 300.330: (after the second sentence) "*It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.*"; (at the end of the first subparagraph) "*Other than homes, institutions, or other places operated by or under the authority of*

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

the Illinois Department of Veterans' Affairs;".

2. The following exception was added to the definition of "*Facility or Long-Term Care Facility*" in Section 300.330: "*Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code [305 ILCS 5/5-5.01a]. (Section 1-113 of the Act)*". "*Mental Health and Developmental Disabilities*" was stricken and "*Human Services*" was added.

3. In Section 300.660(b)(1), "no later than 45 days after employment" was deleted; ""Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver." was added.

4. The reference in Section 300.663(b)(1) was changed to "42 CFR 483.151-483.1546" and dated October 1, 1997.

5. Section 300.1020(a) was rewritten as follows: "The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690)."

6. Section 300.1020(b) was re-written as follows:

"A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code until isolation can be discontinued or the person can be transferred."

7. Subsections 300.1020(d)(1)(A) and (B) were deleted.

8. Subsection 300.1020(d)(2) was changed to "d)" and "under subsection (d)(1) of this Section" was deleted.

9) Subsection 300.1020(d)(3) was deleted.

10. A new subsection 300.1810(c)(1) was inserted and the existing (1) and (2) were renumbered as (2) and (3):

1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.

11. Subsections 330.1810(c)(3)-(8) were replaced with the following:

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow

for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials, supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a state-required inspection may have access to electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for the particular piece of information.

12. In Section 300.2010(b), "as needed" was added after "training" in the second sentence.

13. In Section 300.2010(b), "food" was added before "equipment" in the second sentence; "eating" was added before "equipment" in the third sentence.

14. In Section 300.2010(b)(1), "beds" was changed to "residents" in the first sentence; the second sentence was rewritten: "An additional four hours of consulting time per month shall be provided per resident over

50 residents, based on the average daily census for the previous year."

15. Section 300.2010(b)(2) was rewritten as follows: "Skilled nursing facilities: A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year."

16. In Section 300.2040(c), "consistency" was added after "regular" in the third sentence.

17. In Section 300.2040(g), "posted was changed to "available".

18. Section 300.2050 (first paragraph) was rewritten as follows:

"Each resident shall be served food to meet the resident's needs and to meet the physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences."

19. In Section 300.2050(a), "Group" was added after "Products".

20. Section 300.2050(a)(3) was rewritten as "One cup yogurt, or one cup frozen yogurt,".

21. A new Section 300.2050(a)(5) was added: ""1 1/2 cups ice cream or ice milk."

22. Section 300.2050(b), was amended to read:

Meat Group : ~~Two or more servings of protein food of good quality:~~ A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. The following are examples of one serving:".

23. In Section 300.2050(b)(6), "not more than twice a week and" was deleted; "Protein alternatives shall be listed on the menu as such." was deleted.

24. A new Section 300.2050(b)(8) was added: "8) The content of meat alternative products shall be listed on the menu."

25. In Section 300.2050(c)(2)(B), "of retinol equivalent (RE)" was added

after "micrograms".

26. A new Section 300.2050(c)(3) was added: "3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving."

27. In Section 300.1950(d)(2), "noodles or grain product," was added; subsection (d)(4) was rewritten as 4) 1/2 hamburger or hotdog bun, bagel or English muffin,".

28. Section 330.2050(d) was amended to add:

    6) One tortilla,
    7) Three to four plain crackers (small),
    8) 1/2 croissant (large), doughnut or danish (medium),
    9) 1/16 cake,
    10) Two cookies,
    11) 1/12 pie (2-crust, 8")."

29. Subsection (g) in Section 300.2050 was deleted.

30. Section 300.2050 (h) was changed to (g); subsection (g)(2) was rewritten:

    "2) Other meal patterns may be used if facilities are able to meet residents'needs using such plans."

31. In Section 300.2080(b), "posted" was changed to "available".

The following changes were made in response to comments and suggestions of the JCAR:

Section 300.2050(g)(2) was amended to read: "Other meal patterns may be used if facilities are able to meet residents' needs using such plans."

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of the amendments: In Section 300.330 (Definitions),

the definition of "dietitian" is amended to reference the Dietetic and Nutrition Services Practice Act [225 ILCS 30]. The definition of Dietetic Service Supervisor is amended to delete reference to a "qualified" dietitian, since licensed dietitians are deemed to be qualified. The term "qualified" is also deleted in the definition of "Social Worker". Qualification is indicated by licensure status. The definition of "Institutional occupancy" is being deleted, since the term is no longer used in the rules.

Section 300.660 (Nursing Assistants) is being amended to allow nursing students to work as Certified Nursing Assistants while they are on vacation from school. Nursing Assistants who meet the requirements for equivalency under Section 300.663 will be allowed 120 days to submit documentation to be registered on the Nurse Aide Registry. Requirements for enrollment in and completion of training programs are clarified.

Section 300.663 is being amended to clarify requirements for equivalencies for registry of nursing assistants. An equivalency is being added for documentation of completion of a nursing program in a foreign country.

Section 300.1020 (Communicable Disease Policies) is being reorganized and updated to include current admission policies and requirements for compliance with other Department Codes. A facility group, either an infection control committee, quality assurance committee, or other facility entity, shall establish policies and procedures for investigating, controlling, and preventing infections in the facility. Incorporated materials from the U.S. Public Health Service are added.

Section 300.1025 (Tuberculin Skin Test Procedure) is being revised to reference the Department's Control of Tuberculosis Code (77 Ill. Adm. Code 696).

Section 300.1210 (General Requirements for Nursing and Personal Care). More specific requirements for meeting residents' needs are being included.

In Section 300.1220 (Supervision of Nursing Services), the term "health services supervisor" is being deleted. The term "director of nursing service" is used consistently in the rules. In intermediate care facilities, if the director of nursing is not a registered nurse, arrangements must be made for consultation in the facility at least four hours each week from a registered nurse. Specific requirements for a comprehensive assessment of a resident's needs have been included.

Section 300.1810 (Resident Record Requirements) is being amended to include requirements for electronic or computer-generated signature, including development of a facility policy permitting such signatures and verification requirements.

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Section 300.2010 (Director of Food Services) is being amended to include more specific requirements for consultation in facilities where the food service director is not a dietitian.

Section 300.2040 (Diet Orders) is being amended to include more specific requirements for diet orders and therapeutic diets.

The heading of Section 300.2050 is being changed from "Adequacy of Diet and Meal Pattern" to "Meal Planning" to emphasize that this Section is to be used to plan menus and purchase food. The daily food allowances have been amended to correspond to the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Soy protein has been added as an allowance in the Meat Group. Examples of what constitutes a "serving" have been included in each food group.

Section 300.3060 (Therapeutic Diets) is being repealed, since requirements for therapeutic diets are being included in Section 300.2040.

The heading of Section 300.2080 is being changed from "Menu Planning" to "Menus and Foods Records". A requirement that food label information be kept on file for the current menu cycle is being added.

Section 300.APPENDIX A (Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities) is being repealed. This material is outdated and inaccurate.

Section 300.APPENDIX C (Federal Requirements Regarding Patients/Resident's Rights) is being repealed. Resident rights are set forth in Subpart P of the rules.

16) Information and questions regarding these adopted amendments shall be directed to:

Ms. Gail DeVito
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
(rules @ idph.state.Il.us)

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 300
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

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300.120 Application for License
300.130 Licensee
300.140 Issuance of an Initial License for a New Facility
300.150 Issuance of an Initial License Due to a Change of Ownership
300.160 Issuance of a Renewal License
300.165 Criteria for Adverse Licensure Actions
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300.270 Monitor and Receivership
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300.272 Determination to Issue a Notice of Violation or Administrative Warning
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300.278 Plans of Correction
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300.290 Quarterly List of Violators
300.300 Alcoholism Treatment Programs In Long-Term Care Facilities
300.310 Department May Survey Facilities Formerly Licensed
300.315 Supported Congregate Living Arrangement Demonstration
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SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

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300.1010 Medical Care Policies
300.1020 Communicable Disease Policies
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SUBPART L: FURNISHINGS, EQUIPMENT, AND SUPPLIES

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SUBPART M: WATER SUPPLY AND SEWAGE DISPOSAL

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300.2610 Codes
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SUBPART N: DESIGN AND CONSTRUCTION STANDARDS FOR NEW INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

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300.3620 Furnishings, Equipment and Supplies (New and Existing Facilities)
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Section
300.3710 Day Care in Long-Term Care Facilities

APPENDIX A Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities (Repealed)
APPENDIX B Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)
APPENDIX C Federal Requirements Regarding Patients'/Residents' Rights (Repealed)
APPENDIX D Forms for Day Care in Long-Term Care Facilities
APPENDIX E Criteria for Activity Directors Who Need Only Minimal Consultation
APPENDIX F Guidelines for the Use of Various Drugs
TABLE A Sound Transmission Limitations in New Skilled Nursing and Intermediate Care Facilities
TABLE B Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities
TABLE C Construction Types and Sprinkler Requirements for Existing Skilled Nursing Facilities/Intermediate Care Facilities
TABLE D Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606,

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effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective September 10, 1996; amended at 21 Ill. Reg. 15000, effective November 15, 1997; amended at 22 Ill. Reg. 4094, effective February 13, 1998; amended at 22 Ill. Reg. 7218, effective April 15, 1998; amended at 22 Ill. Reg. 16609, effective September 18, 1998; amended at 23 Ill. Reg. 1103, effective January 15, 1999; amended at 23 Ill. Reg. 8106, effective JUL 15 1999.

SUBPART A: GENERAL PROVISIONS

Section 300.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

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Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

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Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 300.680 of this Part as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 300.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not

be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - Any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the

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resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 300.680 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed to practice dentistry, including ~~includes~~ persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

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mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801.1 of the Act)

Dietetic Service Supervisor - a person who:

is a ~~qualified~~ dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who~~:~~ ~~is eligible for registration by the American Dietetic Association; or~~ is a licensed dietitian as provided in the Dietetic and Nutrition Services Practice Act [225 ILCS 30]. ~~has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management; has one year of supervisory experience in the dietetic service of a health care institution; and participates annually in continuing dietetic education.~~

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and

methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part, is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 USCA ~~U.S.C.A.~~ 1395 et seq. and 1936 et seq.). *It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.* A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

> *A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;*
>
> *A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act* [210 ILCS 85];
>
> *Any "facility for child care" as defined in the Child Care Act of 1969* [225 ILCS 10];
>
> *Any "community living facility" as defined in the Community Living Facilities Licensing Act* [210 ILCS 35];
>
> *Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act* [210 ILCS 140];
>
> *Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and*

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rules relating to sanitation and safety;

Any facility licensed by the Department of Human Services ~~*Mental Health--and--Developmental Disabilities*~~ *as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act* [210 ILCS 135]; ~~or~~

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]*; or* ~~,--(Section 1-113 of the Act)~~

Any supportive living facility in good standing with the demonstration project established under Section 5-5.01a of the Illinois Public Aid Code [305 ILCS 5/5.01a]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post-acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or

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a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, ninety percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

~~Institutional--Occupancy-----when--used-in-this-Part-means-Health-Care Facilities,-Group-(a),-as-defined-in-Chapter-10,-paragraph-10-0001--of the--Life--Safety--Code,--National--Fire--Protection-Association-(1985 Edition).~~

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to

identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or

other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an

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existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

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Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its

branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an*

accepted plan of correction was not complied with, within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

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Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker~~, Qualified~~ - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part, means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

> *an academic credit requirement in a high school or undergraduate institution, or*
>
> *immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment.* (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 300.140(a)(3) and 300.150(a)(3).

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Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 300.165(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

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Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 23 Ill. Reg. 8106 - 3, effective JUL 15 1999)

SUBPART C: POLICIES

Section 300.660 Nursing Assistants

a) *A facility shall not employ an individual as a nurse aide unless the facility has inquired of the Department as to information in the Registry concerning the individual.* (Section 3-206.01 of the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 300.661 of this Part.)

b) The facility shall ensure that each nursing assistant complies ~~Each of the facility's nursing assistants shall comply~~ with one of the following conditions ~~no later than 45 days after the date of initial employment:~~:

1) Is approved ~~Provide documentation of registration~~ on the Department's Nurse Aide Registry. "Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver.

2) Begins ~~Enroll in~~ a Department approved Basic Nursing Assistant Training Program (see 77 Ill. Adm. Code 395) no later than 45 days after employment. The nursing assistant shall successfully complete the training program within ~~program shall be successfully completed no later than~~ 120 days after the date of initial employment. A nursing assistant enrolled in a program ~~Programs~~ approved in accordance with 77 Ill. Adm. Code 395.150(a)(2) shall not ~~may last longer than 120 days. However, a nursing assistant may~~ be employed ~~no~~ more than 120 days prior to successfully completing ~~the successful completion of~~ the program.

3) Within 120 days after initial employment, submits ~~Submit~~ documentation to the Department in accordance with Section 300.663 of this Part to be registered on the Nurse Aide Registry.

c) Each person employed by the facility as a nursing assistant shall meet each of the following requirements:

1) *Be at least sixteen years of age, of temperate habits and good moral character, honest, reliable and trustworthy* (Section 3-206 (a)(1) of the Act);

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2) *Be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents* (Section 3-206(a)(2) of the Act);

3) *Provide evidence of* prior *employment or occupation, if any, and residence for two years prior to present* employment as a nursing assistant (Section 3-206(a)(3) of the Act);

4) *Have completed at least eight years of grade school or provide proof of equivalent knowledge*~~;~~ (Section 3-206(a)(4) of the Act).

d) The facility shall certify that each nursing assistant employed by the facility meets the requirements of this Section. ~~The facility shall certify that each nursing assistant employed by the facility meets the requirements of this Section.~~ Such certification shall be retained by the facility as part of the employee's personnel record. ~~(Section 3-206(d) and (e) of the Act)~~

e) During inspections of the facility, the Department may require nursing assistants ~~aides~~ to demonstrate competency in the principles, techniques, and procedures covered by the basic nursing assistant training program curriculum described in ~~the rules governing training programs for nursing assistants and aides (see~~ 77 Ill. Adm. Code 395~~)~~, when possible problems in the care provided by aides or other evidences of inadequate training are observed. The State approved manual skills evaluation testing format and forms will be used to determine competency of a nursing assistant ~~an aide~~ when appropriate. Failure to demonstrate competency of the principles, techniques and procedures shall result in the provision of in-service training to the individual by the facility. The in-service training shall address the basic nursing assistant training principles and techniques relative to the procedures in which the nursing assistants ~~aides~~ are found to be deficient during inspection (see 77 Ill. Adm. Code 395).

(Source: Amended at 23 Ill. Reg. 8106 - 3, effective JUL 15 1999)

Section 300.663 Registry of Certified Nurse Aides

a) An individual will be placed on the Nurse Aide Registry when he/she has successfully completed a training program approved in accordance with the Long-Term Care Assistants and Aides Training Program Code (77 Ill. Adm. Code 395) and has met background check information required in Section 300.661 of this Part, and when there are no findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act.

b) An individual will be placed on the Nurse Aide Registry if he/she has met background check information required in Section 300.661 of this Part and submits documentation supporting one of the following equivalencies:

1) Documentation of current registration from another state indicating that the requirements of 42 CFR 483.151 - 483.156 ~~154~~

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(October 1, 1997 ~~1994~~, no further amendments or editions included) have been met and that there are no documented findings of abuse, neglect, or misappropriation of property.

2) Documentation of successful completion of a nursing arts course (e.g., Basics in Nursing, Fundamentals of Nursing, Nursing 101) with at least 40 hours of supervised clinical experience in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school and, within 120 days after employment, successful completion of the Department established nursing assistant competency test.

3) Documentation of successful completion of a United States military training program that includes the content of the Basic Nursing Assistant Training Program (see 77 Ill. Adm. Code 395) and at least 40 hours of supervised clinical experience, as evidenced by a diploma, certification, DD-214, or other written verification, and, within 120 days after employment, successful completion of the written portion of the Department established nursing assistant competency test.

4) Documentation of completion of a nursing program in a foreign country, including the following, and, within 120 days after employment, successful completion of the Department-established nursing assistant competency test:

A) A copy of the license, diploma, registration or other proof of completion of the program;

B) Proof of application to the Department of Professional Regulation for licensure in Illinois;

C) A copy of the Social Security card; and

D) Visa or proof of citizenship.

c) An individual shall notify the Nurse Aide Registry *of any change of address within 30 days* and of any name change within 30 days and shall submit proof of any name change to the Department. (Section 3-206.01 of the Act)

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

Section 300.1020 Communicable Disease Policies

a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code until isolation can be discontinued or the person can be transferred.

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c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

d) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease. The notice to the Department shall include at least the date of the admission and the nature of the condition.

e)~~a)~~ Infection control responsibilities ~~Control Responsibilities~~

~~1) The administrator shall assume the responsibility for the establishment of policies and procedures designed to control the spread of infections in the facility.~~

~~2) The administrator shall establish an Infection Control Committee, composed of one or more members of the medical staff, and one or more representatives of each of the services provided by the facility, such as nursing, administration, and the dietary, pharmacy, housekeeping, maintenance and other services.~~

1)~~3)~~ Policies ~~The committee shall establish policies~~ and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures ~~established by the committee~~ shall be consistent with and include the requirements of the ~~rules of the Department of Public Health entitled~~ "Control of Communicable Diseases Code" ~~(77 Ill. Adm. Code 690)~~ and "Control of Sexually Transmissible Diseases Code ~~(77 Ill. Adm. 693)~~. Activities shall be monitored to ensure ~~The committee shall monitor staff activities to insure~~ that these policies and procedures are followed. ~~(B)~~

2)~~4)~~ Each facility shall adhere to the recommendations of the U.S. Public Health Service contained in the publication entitled "Guidelines for the Prevention and Control of Nosocomial Infection." This publication may be obtained from the Center for Infectious Diseases, Centers for Disease Control, U.S. Public Health Service, Department of Health and Human Services, Atlanta, Georgia 30333. This publication includes the following guidelines:

A) "Guideline for Prevention of Catheter-Associated Urinary Tract Infections" (October 1981).

B) "Guideline for Handwashing and Hospital Environmental Control" (1985).

C) "Guideline for Prevention of Intravascular Infections" (October 1981).

D) "Guideline for Prevention of Surgical Wound Infections" (March 1982, Revised 1985).

E) "Guideline for Prevention of Nosocomial Pneumonia" (February 1994 ~~July 1982~~).

F) "Guideline for Isolation Precautions in Hospitals" (January 1996 ~~July 1983~~).

G) "Guideline for Infection Control in Hospital Personnel" (July 1983).

~~b) Admission of Persons with Communicable, Contagious, or Infectious Diseases~~

~~1) Persons with communicable, contagious, or infectious disease may be admitted under the following conditions:~~

~~A) When a person's infectious condition is directly related to one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection.~~

~~B) When a person's condition is communicable, contagious, or infectious only through blood or other body fluid contact, such as hepatitis, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC), or human immunodeficiency virus (HIV) infection.~~

~~2) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious condition under subsection (b)(1) of this Section. The notice to the Department shall include at least the date of the admission and the nature of the condition.~~

~~3) Permission to admit persons with other communicable, contagious, or infectious diseases may be requested on an individual case basis. Permission to admit or keep a person with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the person and to adequately safeguard the staff and other residents of the facility from the spread of primary and secondary infections.~~

~~c) Any resident, when suspected or diagnosed as having any communicable, contagious, or infectious disease, shall be placed in the appropriate type of isolation and appropriate infection control procedures shall be initiated as required by the rules of the Department of Public Health entitled "Control of Communicable Disease," (77 Ill. Adm. Code 690) and "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693) and as specified in the U.S. Public Health Service guidelines listed in subsection (a)(4) of this Section for the period of time required for each specific disease or until removed from the facility. (A, B)~~

~~d) All illnesses required to be reported under the rules of the Department of Public Health entitled "Control of Communicable Diseases Code" (77 Ill. Adm. Code 690) and "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The administrator shall furnish all pertinent information relating to such occurrences. In addition the Department shall also be informed of all Scabies and other skin infestations. (B)~~

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

Section 300.1025 Tuberculin Skin Test Procedures

Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). ~~requirements in this Section.~~

~~a) Where there is documentation for an employee or resident of previous significant skin test reaction and previous treatment for tuberculosis, no skin test is required. The facility shall retain such documentation of testing and treatment in the employee's personnel record or the resident's medical record.~~

~~b) The tuberculin skin test shall consist of five tuberculin units of purified protein derivative administered intredermally using the Mantoux method.~~

~~c) A significant reaction shall be considered to exist when either of the following conditions are present:~~

~~1) There is an area of induration ten mm or more in diameter.~~

~~2) There is an area of induration five mm or more in diameter and the attending physician or local health authority suspect tuberculosis on the basis of disease or exposure.~~

~~d) If the first test is nonsignificant, a second test shall be given at least one week, but no more than three weeks, after the first test.~~

~~e) If the first or second test reaction is significant, or if active tuberculosis is suspected at any time, the attending physician or local health authority shall order any further examinations and treatment which is considered necessary, such as x rays, cultures, or sputum smears.~~

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

SUBPART F: NURSING AND PERSONAL CARE

Section 300.1210 General Requirements for Nursing and Personal Care

a) The facility must provide the necessary care and services to attain or

maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

~~b) Restorative/rehabilitative nursing measures shall be practiced on a 24 hour day, seven day week basis. Those procedures requiring medical approval shall be ordered by the attending physician.~~ Restorative measures shall include at a minimum the following procedures:

1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that ~~which~~ includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections ~~subsection~~ (a)(2)-(5) ~~(b)(2)~~ of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.

2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. ~~All nursing personnel shall encourage and assist residents in maintaining good body alignment while standing, sitting or lying in bed.~~

3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. ~~All nursing personnel shall assist residents in maintaining maximum joint range of motion and active range of motion.~~

4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical

condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. ~~Residents who are incontinent shall be evaluated for an individualized bowel and bladder program and such a program shall be instituted when appropriate. The use of indwelling catheters shall be discouraged.~~

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. ~~All nursing personnel shall encourage and, when necessary, teach residents to function at their maximum level in all activities of daily living.~~

~~6) All nursing personnel shall assist and encourage residents with ambulation as often as necessary (but not less than daily, unless otherwise ordered by the physician.~~

~~7) All nursing personnel shall teach and assist residents with safe transfer activities in an effort to help them retain or regain their maximum level of independence.~~

~~8) Documentation of resident treatment and response to same shall be maintained as set forth in Section 300.1010(c).~~

b)~~c)~~ General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:

1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.

~~2) Treatments and procedures, including, but not limited to, enemas, irrigations, catherizations, applications of dressing or bandages, supervision of special diets, shall be properly carried out.~~

2)~~3)~~ All treatments and procedures shall be administered as ordered by the physician.

3)~~4)~~ Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

4)~~5)~~ Personal care~~, as defined in Section 300.330,~~ shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to, the following:

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.

C) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.

D) Each resident shall have clean bed linens at least once weekly and more often if necessary.

5)~~6)~~ A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis~~, including, but not limited to:~~ so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

~~A) An evaluation of each resident shall be conducted upon admittance and as necessary to determine the susceptibility of the resident to skin breakdown. Preventive measures and treatment measures shall be carried out by facility staff.~~

~~B) Skin care shall be provided which includes but is not limited to bathing, clean linens, and clothing each time the resident, the bed or clothing is soiled.~~

~~C) Residents shall be assisted in being up and out of bed as much as possible and shall be repositioned whether in bed or out of bed as their condition indicates.~~

~~D) Proper equipment shall be utilized to prevent or treat pressure sores, such as proper padding between pressure points, adaptive equipment, splints, and water mattresses.~~

~~E) An evaluation of each resident's nutritional status shall be conducted to determine if increased nutritional support is needed.~~

6)~~7)~~ All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. ~~the safety of residents at all times, such as but not limited to: nonslip wax on floors, safe equipment, assistive devices properly maintained, and proper use of physical restraints and adaptive equipment.~~

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

Section 300.1220 Supervision of Nursing Services

a) Each skilled nursing facility shall have a director of nursing services (DON) ~~service or health services supervisor~~ who shall be a registered nurse. In intermediate care facilities, the director of

nursing service ~~or health services supervisor~~ shall be a registered nurse (RN) or a licensed practical nurse (LPN) ~~by education. (B)~~

1) This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. This person shall also have some knowledge and training in the care of the type of residents the facility cares for (e.g., geriatric, pediatric, or psychiatric residents). This does not mean that the director of nursing must have completed a specific course or a specific number of hours of training in restorative/rehabilitative nursing unless this person in charge of the restorative/rehabilitative nursing program. (See Section 300.1210(ab).)

2) This person shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent ~~%~~ of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.

A) A facility may, with written approval from the Department, have two nurses share the duties of this position if the facility ~~it~~ is unable to obtain a full-time person. Such an arrangement will be approved ~~granted approval~~ only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full time ~~full time~~; and information about the numbers and availability of licensed nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full time ~~full time~~.

B) If two persons are to share the position in an intermediate care facility, one shall be designated the DON ~~Health Services Supervisor~~. Both of these persons may be RNs ~~Registered Nurses (RN)~~, both may be LPNs ~~Licensed Practical Nurses (LPN)~~, or one may be an RN and the other an LPN. In the latter case, the RN shall be designated as the DON ~~Health Services Supervisor~~ and the LPN shall be designated as the assistant director of nursing service (ADON) ~~Assistant Health Services Supervisor~~.

C) In a facility licensed wholly or in part as a skilled nursing facility ~~Skilled Nursing Facility~~, both of these persons must be RNs ~~RN's~~.

D) In facilities with a capacity of fewer ~~less~~ than 50 beds, this person may also provide direct patient care, and this person's time may be included in meeting the staff-to-resident ~~staff/resident~~ ratio requirements.

3) In intermediate care facilities, if the director of nursing is not a registered nurse, consultation shall be provided in the facility at least four hours each week from a registered nurse.

4)~~3)~~ In skilled nursing facilities of 100 or more occupied beds, there shall be an ADON ~~assistant director of nursing service or assistant health services supervisor~~ who is a registered nurse ~~licensed to practice in Illinois~~. This person shall also meet the qualifications specified in subsection (a)(1) of this Section for the director of nursing service ~~or health services supervisor~~.

5)~~4)~~ In intermediate care facilities of 150 or more occupied beds, ~~there shall be~~ a licensed nurse shall be designated as the ADON ~~assistant director of nursing service or assistant health services supervisor (DONS/HSS)~~. This person shall perform the duties of the DON ~~DONS/HSS~~ when the DON ~~DONS/HSS~~ is on vacation or extended sick leave. The assistant may provide direct patient care and be included in staff-to-resident ratio calculations.

6)~~5)~~ The assistant shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. The assistant may be assigned to work hours any time of the day or night.

7)~~6)~~ The assistant shall assist the DON ~~DONS/HSS~~ in carrying out his/her ~~the~~ responsibilities ~~of the DONS/HSS~~.

8)~~7)~~ If ~~the DONS/HSS or the assistant have~~ other duties ~~which~~ interfere with the proper performance of the DON's or ADON's ~~their~~ duties, another nurse shall be assigned to perform the duties of the DON ~~DONS/HSS~~ or assistant for that period of time ~~when they are performing such other duties~~.

b) The DON ~~DONS/HSS~~ shall oversee the nursing services of the facility including: ~~This person's duties shall include:~~

1) Assigning and directing the activities of nursing service personnel.

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

3)~~2)~~ Planning an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in

writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

4)~~3)~~ Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.

5)~~4)~~ Participating in planning and budgeting for nursing services, including purchasing ~~of~~ necessary equipment and supplies.

6)~~5)~~ Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel.

7)~~6)~~ Coordinating health services and nursing services with other resident care services such as medical, pharmaceutical, dietary activities, and any other restorative/rehabilitative services offered.

8)~~7)~~ Planning ~~of~~ in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see ~~to it~~ that they are carried out.

9)~~8)~~ Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 300.610(a).)

10~~9)~~ Participating in the screening of prospective residents and their placement in terms of services they need and nursing competencies available.

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

SUBPART I: RESIDENT AND FACILITY RECORDS

Section 300.1810 Resident Record Requirements

a) Each facility shall have a medical record system that retrieves ~~facilitates the retrieval of~~ information regarding individual residents ~~as demonstrated by the facility~~.

b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.

c) Record entries shall meet the following requirements:

1) Record entries shall be made by the person providing or

supervising the service or observing the occurrence that is being recorded.

2) All entries into the medical record shall be authenticated by the individual who made or authored the entry. "Authentication", for purposes of this Section, means identification of the author of a medical record entry by that author and confirmation that the contents are what the author intended.

3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.

4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.

5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.

A) Authorized Users. The facility shall develop a policy to assure that only authorized users make entries into medical records and that users identify the date and author of every entry in the medical records. The policy should allow written signatures, written initials supported by a signature log, or electronic signatures with assigned identifiers, as authentication by the author that the entry made is complete, accurate and final.

B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.

C) Monitoring. The facility shall develop a policy to periodically monitor the use of identifiers and take corrective action as needed. The facility shall maintain a

master list of authorized users past and present and maintain a computerized log of all entries. The logs shall include the date and time of access and the user ID under which access occurred.

D) Preservation. The facility shall develop a plan to ensure access to medical records over the entire record retention period for that particular piece of information.

6) A user may terminate authorization for use of electronic or computer-generated signature upon written notice to the individual responsible for medical records or other person designated by the facility's policy.

7) Each report generated by a user must be separately authenticated.

~~1) Record--entries--shall--be--made--by--the--person--providing---or supervising-the-service-or-observing-the-occurrence-that-is-being recorded.~~

~~2) Each--record--entry--shall--be--written-in-ink-or-typed,-shall-be signed,-dated,-and-shall-include-the-profession-or-title--of--the person-making-the-entry.~~

d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the authentication ~~original-written-signature~~ of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable.

e) The record shall include medically defined conditions and prior medical history, medical status, physical and mental functional status, sensory and physical impairments, nutritional status and requirements, special treatments and procedures, mental and psychosocial status, discharge potential, rehabilitation potential, cognitive status and drug therapy.

f)~~e)~~ An ongoing resident record including progression toward and regression from established resident goals shall be maintained. ~~(B)~~

1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. ~~(B)~~

2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or rehabilitation services shall be included in the resident's progress record when the recommendations pertain to an individual resident.

g)~~f)~~ A medication administration record shall be maintained, which contains the date and time each medication is given, name of drug, dosage, and by whom administered.

h)~~g)~~ Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that ~~which~~ shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.

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i)~~h)~~ The facility may use ~~shall--have--the--option--of-using~~ universal progress notes in the medical records.

j)~~i)~~ Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 300.1840 of this Part.

k)~~j)~~ Discharge information shall be completed within 48 hours after the resident leaves the facility. The resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form.

(Source: Amended at 23 Ill. Reg. 8106; effective JUL 15 1999)

SUBPART J: FOOD SERVICE

Section 300.2010 Director of Food Services

a) A ~~Each-facility-shall-have-a~~ full-time person, qualified ~~suited~~ by training and experience, shall ~~who--has--been--designated--by--the administrator--to~~ be responsible for the total food and nutrition services ~~service-operation~~ of the facility. This person shall be on duty a minimum of 40 hours each week. ~~(B)~~

1) This person shall be either a dietitian or a dietetic service supervisor ~~as-defined-in-Section-300.330.~~ ~~(B)~~

2) The person responsible for the food service ~~supervisor-(director)~~ may assume some cooking duties but only if these duties do not interfere with the responsibilities of management and supervision.

b) ~~Consultation~~

~~1)~~ If the person responsible for food service is not a dietitian, the person shall have frequent and regularly scheduled consultation from a dietitian. Consultation, given in the facility, shall include training, as needed, in areas such as menu planning and review, food preparation, food storage, food service, safety, food sanitation, and use of food equipment. Clinical management of therapeutic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical assessments; physical limitations; adaptive eating equipment; and clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions. ~~This-consultation,-given-in-the-facility,-shall not-be-less-than-four-hours-each-month-and-shall-include--consultation and--training-in-all-food-service-procedures-such-as-menu-planning-and

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~~review,--food--preparation,--food--storage,--food---service,---safety, sanitation--and--management-of-therapeutic-diets.--In-service-education in-appropriate-subject-areas-shall-be-given-to-all-facility-staff.~~

1) Intermediate care facilities: A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional four minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year.

2) Skilled nursing facilities: A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year.

~~2) Additional--for--Skilled--Nursing-Facilities.--In-skilled-nursing facilities-such-consultation-shall-be-given-not-less--than--eight hours-per-month.~~

(Source: Amended at 23 Ill. Reg. 8106; effective JUL 15 1999)

Section 300.2040 Diet Orders

a) Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians when prescribing diets.

b)~~a)~~ Physicians shall write a diet order, in the medical record, for each resident ~~residents~~ indicating whether the resident is to have a general or a therapeutic diet. The ~~and-the~~ diet shall be served as ordered. ~~A-diet-order-for-each-resident-shall-be-sent-in--writing--to the--food--service--department--for--each--new-admission-and-for-every subsequent-change-in-diet-for-that-resident-ordered-by-his-physician.~~

c)~~b)~~ A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet is changed. Each change shall be ordered by the physician. ~~A--diet order--for--each-resident-shall-be-sent-in-writing-to-the-food-service department.~~ The diet order shall include, at a minimum, the following information: name of resident, room and bed number, type of diet, consistency if other than regular consistency, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. ~~(See-Section-300.2060-for-ordering-therapeutic-diets.)~~

d)~~c)~~ The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical ~~his~~ record. ~~(B)~~

e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase

certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

f) All therapeutic diets shall be medically prescribed and shall be planned or approved by a dietitian.

g) The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.

h) All oral liquid diets shall be reviewed every 48 hours. Medical soft diets, sometimes known as transitional diets, shall be reviewed every three weeks. All other therapeutic and mechanically altered diets, including commercially prepared formulas that are in liquid form and blenderized liquid diets, shall be reviewed as needed, or at least every three months.

(Source: Amended at 23 Ill. Reg. 8106-[illegible], effective JUL 15 1999)

Section 300.2050 Meal Planning ~~Adequacy of Diet and Meal Pattern~~

Each resident shall be served food to meet the resident's needs and to meet physician's orders. ~~The daily food allowance for each resident shall~~ The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances ~~meet the basic food pattern for a general diet for an adult following the recommendations~~ of the Food and Nutrition Board~~,~~ of the National Research Council, National Academy of Sciences. ~~and shall include:~~

a) Milk and Milk Products Group: 16 ounces ~~Two~~ or more ~~eight ounce servings~~ of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption. Calcium equivalents for eight ounces of milk: ~~(See Section 300.2100). Cheese and ice cream may be used to replace part of the milk. The amount of either needed to replace a given amount of milk is figured on the basis of calcium content. The equivalents are as follows:~~

1) 1 1/2 ounces natural cheese, ~~One inch cube of cheddar type cheese equals one half cup milk~~

2) Two ounces processed cheese, ~~Two thirds cup cottage cheese equals one half cup milk~~

3) One cup yogurt, or one cup frozen yogurt, ~~One cup ice cream equals one half cup milk~~

4) One cup cottage cheese, or ~~Note: If cheese is used as a serving of milk it may not be also counted as a serving of protein in the Meat Group.~~

5) 1 1/2 cups ice cream or ice milk.

b) Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food

items repeated within the same day shall not be counted as meeting a required serving. ~~Two or more servings of protein food of good quality.~~ The following are examples of one serving.

1) Three ounces (excluding bone, ~~and~~ fat and breading) of any cooked meat such as whole or ground beef, veal, pork or lamb; poultry; organ meats such as liver, heart, kidney; prepared luncheon meats.

2) Three ounces (excluding skin and breading) of cooked fish or shell fish or 1/2 ~~one half~~ cup canned fish.

3) Three ounces of natural or processed cheese or 3/4 ~~three fourths~~ cup cottage cheese.

4) Three eggs (minimum weight 21 ounces per dozen, considered a medium egg).
Note: If one egg is served at a meal ~~for breakfast~~, a protein food of good quality may be reduced from six to five ounces for the remaining meals. If two eggs are served at a meal ~~for breakfast~~, a minimum of two ounces of good quality protein ~~of good quality~~ shall be served at each of the remaining meals.

5) 1 1/2 cups ~~One cup~~ cooked dried peas or beans, ~~or~~ six tablespoons of peanut butter, or one cup nuts, not more than twice a week and provided that eggs, milk or lean meat is ~~are~~ served at the same meal.

6) Three ounces of soy protein containing not less than 21 grams of protein or in combination with other sources of quality protein to equal 21 grams of protein, provided that it is acceptable to the resident population.

7)~~6)~~ Combinations of all above examples are acceptable, provided that the minimum standard of six ounces of a good quality protein food ~~of good quality~~ is served daily and provided that the combinations do not conflict with eye appeal or palatability.

8) The content of meat alternative products shall be listed on the menu.

c) Vegetable and Fruit Group: Five ~~Four~~ or more ~~one half cup~~ servings of fruits or vegetables.

1) A serving consists of: ~~This shall include the following:~~

A) 1/2 cup chopped raw, cooked, canned or frozen fruit or vegetables;

B) 3/4 cup fruit or vegetable juice; or

C) One cup raw leafy vegetable.

2) The five or more servings shall consist of:

A)~~1)~~ Sources of vitamin ~~Vitamin~~ C

i)~~A)~~ One serving of a good source of vitamin ~~Vitamin~~ C (containing at least 60 mg of vitamin C); or ~~(grapefruit, grapefruit juice, orange, orange juice, cantaloupe, raw strawberries, broccoli, brussel sprouts, green peppers, sweet red pepper); or~~

ii)~~B)~~ Two servings~~, one cup,~~ of a fair source of vitamin ~~Vitamin~~ C. This may be more than one food item and

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shall contain a total of at least 65 mg of vitamin C. ~~(raw--cabbage,--collards,--kale,--kohlrabi,--mustard greens,-potatoes,--spinach,--tomatoes,--tomato--juice, turnip-greens).~~

B)~~2)~~ One serving of a good source of vitamin ~~Vitamin~~ A at least three times a week supplying at least 1000 micrograms retinol equivalent (RE) of vitamin A. ~~weekly-(apricots, broccoli,--cantaloupe,--carrots,--chard,--collards,--kale, persimmon,-pumpkin,-spinach,-sweet-potato,-turnip-greens-and other-dark-green-leaves,-winter-squash).~~

C)~~3)~~ Other fruits and vegetables, including potatoes, that may be served in 1/3 cup or larger portions. ~~Fruits--or Vegetables-including-Potatoes.~~

~~4) To--insure--variety,--any-vegetable-or-fruit-repeated-for-the-day shall-not-be-counted-as-one-of-the-four-servings-required-in-this group.~~

3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving.

d) Bread, ~~and~~ Cereal, Rice and Pasta Group: Six ~~Four~~ or more servings of whole grain, enriched or restored products. One ~~slice-bread-equals one~~ serving~~:--One-half-cup-cooked--cereal--or--three-fourths--cup--dry cereal~~ equals ~~one-serving.~~:

1) One slice of bread,
2) 1/2 cup of cooked cereal, rice, pasta, noodles, or grain product,
3) 3/4 cup of dry, ready-to-eat cereal,
4) 1/2 hamburger or hotdog bun, bagel or English muffin,
5) One 4-inch diameter pancake,
6) One tortilla,
7) Three to four plain crackers (small),
8) 1/2 croissant (large), doughnut or danish (medium),
9) 1/16 cake,
10) Two cookies, or
11) 1/12 pie (2-crust, 8").

e) Butter or Margarine: To ~~Two--tablespoons--or--more-to~~ be used as a spread and in cooking.

f) Other ~~Foods:--Serve-other~~ foods shall be served ~~as-necessary~~ to round out meals, satisfy individual appetites, improve flavor, and meet the individual's nutritional and caloric needs. ~~Snacks-may--also--be--used for-this-purpose.~~

g) Meals ~~Meal--Pattern:--Foods~~ for the day shall be planned to provide a variety of foods, variety in texture and good color balance ~~to--give "eye-appeal"-to-the-meal~~. The following meal patterns shall be used.

1) Three meals a day plan: ~~Meals-A-Day-Plan~~

A) Breakfast: Fruit or juice, cereal, meat ~~Juice,-Cereal,-Meat~~ (optional, but three to four ~~three-four~~ times per week preferable), bread, butter ~~Bread,-Butter~~ or margarine, milk, ~~Margarine,-Milk~~ and choice ~~Choice~~ of additional beverage ~~Beverage~~.

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B) Main Meal (may ~~May~~ be served noon or evening): Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute, vegetable ~~Vegetable~~ or salad, dessert ~~Salad,-Dessert~~ (preferably ~~Preferably~~ fruit unless fruit is served as a salad or will be served at another ~~other~~ meal), bread, butter or margarine ~~Bread, Butter-or-Margarine~~, and choice ~~Choice~~ of beverage ~~Beverage~~.

C) Lunch or Supper: Soup or juice ~~Juice~~ (optional), entree ~~Entree~~ (quality protein), potato ~~Potato~~ or potato substitute (optional ~~Optional~~ if served at main meal), vegetable ~~Vegetable~~ or salad, dessert, bread, butter ~~Salad,--Dessert, Bread,-Butter~~ or margarine, milk ~~Margarine,-Milk~~, and choice ~~Choice~~ of additional beverage ~~Beverage~~.

2) Other meal patterns may be used if facilities are able to meet residents' needs using such plans.

~~2) Four-Meals-A-Day-Plan~~

~~A) Breakfast:--(7:00-or-7:30-a.m.):-Juice,--Cereal,--Toast--or Roll,--Butter--or--Margarine,--Milk-and-Choice-of-additional Beverage~~

~~B) Brunch:--(10:00-or-10:30-a.m.):--Fruit-or-Juice,--Main--Dish (quality--protein);--Bread,-Rolls-or-Special-Breads,-such-as French-Toast,-Pancakes);-Butter-or-Margarine,-and-Choice--of Beverage.~~

~~C) Full--Dinner:--(4:00--or--4:30--p.m.):--Appetizer--or--Soup Protein-Entree,--Potato--or--Potato--Substitute,--Vegetable, Salad,--Dessert,--Bread--or-Roll,-Butter-or-Margarine,-Milk, and-Choice-of-additional-Beverage~~

~~D) Evening-Meal:--(7:00-or-7:30-p.m.):--Quality-protein,--Bread or-Bread-Substitute,-Dessert,-and-Nourishing-Beverage.~~

~~3) Five-Meal-A-Day-Plan~~

~~A) Continental--Breakfast:--(7:00--or-7:30-a.m.):--Fruit-Juice, Toast-or-Roll,-Butter-or-Margarine,-and-Beverage~~

~~B) Brunch:--(10:00-or-10:30--a.m.):--Fruit--or--Juice,--Cereal, Eggs--or-Meat-Dish,-Bread-or-Muffin-or-Special-Toast,-Butter or-Margarine,-Milk,-and-Choice-of-additional-Beverage~~

~~C) Midday-Meal-(1:00-or-1:30-p.m.):--Quality-Protein,-Bread--or Bread--Substitute,--Butter-or-Margarine,-Dessert,-Nourishing Beverage,-and-Soup-(optional).~~

~~D) Dinner:--(4:00-or-4:30-p.m.):--Meat,-Fish-or-Poultry,-Potato or-Potato--Substitute,--Vegetable,--Salad,--Bread--or--Roll, Butter-or-Margarine,-Dessert,-Milk,-and-Choice-of-additional Beverage~~

~~E) Evening-Meal-(7:00-or-7:30-p.m.):--Quality-Protein,-Bread-or Bread-Substitute,-Dessert,-and-Nourishing-Beverage.~~

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

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Section 300.2060 Therapeutic Diets (Repealed)

~~a) The diet order (see Section 300.2040(b)) shall include, but is not limited to, the following information: name of resident, room and bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department.~~

~~b) Medically prescribed diets shall be recorded in the resident's medical record and served as ordered. The resident shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. (B)~~

~~c) The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen.~~

~~d) All oral therapeutic diets, with the exception of liquid and medical soft diets, shall be reviewed at least every three months. Liquid diets shall be reviewed every 48 hours; medical soft diets shall be reviewed every three weeks. This review may be done by nursing personnel with recommendations to the attending physician. (B)~~

~~e) The facility shall have available, and in use, two or more copies of a current diet manual approved by the Department. One copy shall be located in the kitchen for use by dietary personnel; other copies shall be located at each nurses' station for available use by the physician when prescribing diets.~~

~~f) All special diets or dietary restrictions shall be medically prescribed and shall be planned or approved by a dietitian or nutritionist. (B)~~

(Source: Repealed at 23 Ill. Reg. 8106; effective JUL 15 1999)

Section 300.2080 Menus and Food Records ~~Menu Planning~~

a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served. ~~(B)~~

b) The menu for the current week shall be dated and available ~~posted~~ in the kitchen. Upon the request of the Department, sample menus shall be submitted for evaluation.

c) Menus shall be different for the same day of consecutive weeks and adjusted for seasonal differences.

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d) All menus as actually served shall be kept on file at the facility for not less than 30 days.

e) Food label information for purchased prepared food listing food composition and, when available, nutrient content shall be kept on file in the facility for the current menu cycle.

f)~~e)~~ Supplies of staple foods for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies ~~Supplies~~ shall be appropriate to meet the requirements of the menu.

g)~~f)~~ Records of all food purchased shall be kept on file for not less than 30 days.

(Source: Amended at 23 Ill. Reg. 8106, effective JUL 15 1999)

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Section 300.APPENDIX A Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities: (Repealed)

~~The--interpretations,--components--and--illustrative--services--listed--in-this appendix-are-guidelines-only,-and-are-not-to-be-used-as-absolute--criteria--for determining--whether--a--person--must-be-moved-from-a-facility-licensed-for-one level-of-care-to-a-facility-licensed-for-another-level-of-care.~~

~~Interpretation-of:~~
~~INTERMEDIATE-CARE-FACILITIES:~~

~~An--intermediate--care--facility--provides--basic--care---including---physical, emotional,--social,--and--other--restorative--services--under--periodic-medical supervision.--Many-of-these-services,-such-as-nursing-care,-may--require--skill in---administration.---Most--of--the--residents--have--long-term--illnesses--or disabilities-which--may--have--reached--a--relatively--stable--plateau.---Other residents-whose-conditions-are-stabilized-may-need-medical-and-nursing-services to-maintain-stability.--Essential-supportive-consultant-services-are-provided.~~

~~Interpretation-of:~~
~~SKILLED-NURSING-FACILITIES:~~

~~A-skilled-nursing-facility-provides-skilled-care-including-physical,-emotional, social,-and-other-restorative-services-for-a-resident.--This-resident-no-longer need--the--type--care--and--treatment--provided--in-a-hospital-but-does-require frequent-medical-supervision-and-continuous-skilled-nursing-observations.---The program--of--care--is--directed--toward--the-restoration-of-personal-and-social independence-and--health.---Available--resources,--family--and--community,--are utilized-to-plan-and-reach-realistic-goals.~~

~~The--facility--is-staffed-and-equipped-to-continue-the-care-plan-initiated-in-a hospital-with-appropriate-modifications-as-the--resident's--condition--changes, thus-helping-him-to-progress-toward-his-highest-level-of-functioning.~~

~~Services--are--also--provided--to--a-chronically-ill-resident-who-may-have-been cared-for-at-home--or--in--a--facility--offering--basic--care--and/or--personal assistance--during--the--periods-when-his-condition-was-stabilized-but-who-not, because-of-a-change-in-condition--or--because--of--continued--stability,--needs skilled-care.~~

~~While--the--emphasis-is-on-the-provision-of-skilled-nursing-and-related-care,-a wide-range-of-specialized-medical-and-allied-services,-direct--and--consultant, must--be--provided--and--used--appropriately--to--support--the--resident-in-his treatments.~~

~~Components-of:~~
~~INTERMEDIATE-CARE-FACILITIES:~~

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~~The-following-services-characterize-an-Intermediate-Care-Facility:~~

~~Observations-of-a-routine-which-can-be-accomplished-on-general-nursing--grounds or-while-procedures-such-as-temperature,-pulse,-and-respiration-are-being-done.~~

~~Relatively---simple---routine--medications--and/or--simple--treatments,--and/or occasional-PRN-medication-or-treatments.~~

~~Necessary-physical-care,-such-as-giving-baths-or-assisting-with-or--supervision baths,--oral--hygiene,-etc.--This-care-should-be-restorative-in-nature-with-the goal-of-fostering-independence-in-activities-of-daily-living.~~

~~Limited-or-occasional-special-tests.~~

~~Frequent--and--sometimes--continuous--emotional--support--in--connection---with moderately--severe--or-periodic-emotional-disturbances-as-guided-by-a-care-plan that-reflects-meaningful-follow-through-on-consultant-recommendations.~~

~~Teaching-and/or-supervised-practice-as-a-necessary-part-of-restorative-care.~~

~~Components-of:~~
~~SKILLED-NURSING-FACILITIES:~~

~~In-addition-to-the-need-for-frequent-medical-supervision-and-continuous-skilled nursing-observations,-other-important-components-of-skilled-nursing--facilities are:--A--restorative--approach--to--all-aspects-of-the-resident-care-program-so that-services-are-directed-to-maintaining-or-restoring--the--highest--level--of functioning.~~

~~Complete---or---nearly--complete--assistance--for--most--physical--or--hygienic activities.---(Some--ambulatory---residents---can---require---nearly---complete assistance.)~~

~~Relatively---complex,---and---frequently--time--consuming,--medications--and/or treatments.~~

~~Occasional-or-limited-special-tests.~~

~~Frequent--and--sometimes--continuous--emotional--support--in--connection---with moderately--severe--or-periodic-emotional-disturbances-as-guided-by-a-care-plan that-reflects-meaningful-follow-through-on-consultant-recommendations.~~

~~Necessary-teaching-and-continuous-supervision-as-a-part-of-restorative-care-and in-preparation-for-discharge-or-transfer.~~

~~Illustrative-Services-for:~~
~~INTERMEDIATE-CARE-FACILITIES~~

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~~The following services are illustrative of the level or intensity of nursing care provided in an intermediate care facility:~~

~~Proper positioning of residents in bed, wheelchair, or other accommodation.~~

~~Bed baths.~~

~~Prevention and treatment of skin irritation and decubiti.~~

~~Observation of vital signs and detailed recording of findings in resident's record.~~

~~Assistance and training in self care as required for feeding, grooming, ambulation, toilet activities, and other activities of daily living.~~

~~Assistance and training in resident transfer techniques.~~

~~Range of motion exercises as part of the routing maintenance, and restorative nursing care.~~

~~Assisting residents to participate in prescribed individual and group activities.~~

~~Administration of topical, oral, and selected injectable medications.~~

~~Administration of oxygen on an emergency or short term, as required, basis.~~

~~Administration of prescribed treatments, such as catherizations, irrigations, and application of dressings and bandages.~~

~~Routine care of residents with temporary casts, braces, splints, or other appliances requiring nursing care or supervision.~~

~~Use of protective restraints, bed rails, binders, and supports as ordered by a physician, and in accordance with written resident care policies and procedures.~~

~~Arrangements for obtaining clinical laboratory, x ray, and other diagnostic services.~~

~~Illustrative Services for:~~
~~SKILLED NURSING FACILITIES:~~

~~The following are illustrative services which are characteristic of the level of intensity of care provided in skilled nursing facilities:~~

~~Administration of potent and dangerous injectable medications and intravenous medications and solutions on a regular and continuing basis.~~

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~~Restorative nursing procedures such as gait training and bowel and bladder training for residents who have restorative potential and can benefit from the training.~~

~~Nasopharyngeal aspiration required for the maintenance of a clear airway.~~

~~Maintenance of tracheotomy, gastrostomy, and tubes indwelling in body cavities. The mere incontinence, does not justify a need for skilled nursing care. On the other hand, the insertion and maintenance of a urethral catheter as an adjunct to the active treatment of disease of the urinary tract may justify a need for skilled nursing care. In such instances, the urethral catheter may be ordered by a physician and the need documented and justified in the residents' record. Colostomy may require skilled nursing care during early postoperative period or when complications are present.~~

~~Administration of Tube feeding.~~

~~Administration of oxygen or other medical gases on a regular or continuing basis in the presence of an unstable medical condition.~~

~~Assisting residents to participate in prescribed individual and group activities.~~

~~Other specified and individually justified services, including skilled nursing observation of unstable medical conditions, required on a regular and continuing basis, which can only be provided by, or under the supervision of, trained medical and licensed professional nursing personnel. The need for these services must be documented and justified in the resident's record.~~

~~Providing physical care and spiritual and emotional support to the resident and his family in the terminal phases of illness.~~

(Source: Repealed at 23 Ill. Reg. 8106, effective JUL 15 1999)

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Section 300.APPENDIX C Federal Requirements Regarding Patients'/Residents' Rights (Repealed)

~~SKILLED NURSING FACILITIES~~

~~Federal Register, Volume 39, No. 193, Part II, Thursday, October 3, 1974,~~

~~Paragraph 405.1121 Conditions of Participation---Governing Body and Management~~

~~(k) Standard.---Patients rights.---The governing body of the facility establishes written policies regarding the rights and responsibilities of patients and through the administrator, is responsible for development of, and adherence to, procedures implementing such policies.---These policies and procedures are made available to patients, to any guardians, next of kin, sponsoring agency(ies), or representative payees selected pursuant to section 205(j) of the Social Security Act, and Subpart Q of Part 404 of this chapter, and to the public.---The staff of the facility is trained and involved in the implementation of these policies and procedures.---These patients rights, policies and procedures ensure that, at least, each patient admitted to the facility:~~

~~(1) Is fully informed, as evidenced by the patients' written acknowledgement prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;~~

~~(2) Is fully informed, prior to or at the time of admission and during stay, or services available in the facility, and of related charges including any charges for services not covered under titles XVIII of XIX of the Social Security Act, or not covered by the facility's basic per diem rate;~~

~~(3) Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical report), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;~~

~~(4) Is transferred or discharged only for medical reasons, or his welfare or that of other patients, or for nonpayment for his stay (except as prohibited by titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record;~~

~~(5) Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient and as a citizen, and to this and may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;~~

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~~(6) May manage his personnel financial affairs, or is given at least quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;~~

~~(7) Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patients from injury to himself or to others;~~

~~(8) Is assured confidential treatment of his personal and medical records and may approve or refuse their release to any individual outside the facility, except in case of his transfer to another health care institution, or as required by law or third party payment contract;~~

~~(9) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;~~

~~(10) Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;~~

~~(11) May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record);~~

~~(12) May meet with, and participate in activities of, social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record);~~

~~(13) May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his physician in his medical record); and~~

~~(14) If married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility they are permitted to share a room, unless medically contraindicated (as documented by the~~

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~~attending physician in the medical record).~~

~~All rights and responsibilities specified in paragraph (k)(1) through (14) of this Section as they pertain to (a) a patient adjudicated incompetent in accordance with State law, (b) a patient who is found by his physician to be medically incapable of understanding these rights, or (c) a patient who exhibits a communication barrier devolve to such patient's guardian, next of kin, sponsoring agency(ies), or representative payee (except when the facility itself is representative payee) selected pursuant to section 205(j) of the Social Security Act and Subpart Q of Part 404 of this chapter.~~

~~INTERMEDIATE CARE FACILITIES~~

~~Federal Register, Volume 40, No. 43, Tuesday, March 4, 1975, Paragraph 249.12, Standards for Intermediate Care Facilities~~

~~(a)(1) . . .~~

~~(ii) There are written policies and procedures available to staff, residents, and the public which:~~

~~(B) Ensure that each resident admitted to the facility:~~

~~(1) Is fully informed of his rights and responsibilities as a resident of all rules and regulations governing resident conduct and responsibilities. Such information must be provided prior to or at the time of admission or, in the care of residents already in the facility, upon the facility's adoption or amendment of patient right policies, and its receipt must be acknowledged by the resident in writing;~~

~~(2) Is fully informed prior to or at the time of admission and during stay of services available in the facility, and of related charges including any charges for services not covered under the Title XIX program or not covered by the facility's basic per diem rate;~~

~~(3) Is fully informed by his physician of his health and medical condition unless medically contraindicated (as documented by his physician in his resident record), and is afforded the opportunity to participate in the planning of his health care and medical treatment and to refuse to participate in experimental research;~~

~~(4) Is transferred or discharged only for medical reasons or for his welfare or that of other patients, or for nonpayment for his stay (except as prohibited by the Title XIX program);~~

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~~(5) Is encouraged and assisted throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;~~

~~(6) May manage his personal financial affairs, and to the extent that the facility assists in such management that it is carried out in accordance with paragraph (a)(1)(iii) of this section; (see below for (a)(1)(iii)~~

~~(7) Is free from mental and physical abuse, and free from chemical and (except when necessary to protect the resident from injury to himself or others) physical restraints, except as authorized in writing by a physician for a specified period of time, or in the case of a mentally retarded individual when authorized in writing by a physician or Qualified Medical Retardation Professional for use during behavior modification sessions;~~

~~(8) In the case of a mentally retarded individual, participate in a behavior modification program only with the consent of his parent or guardian;~~

~~(9) Is ensured confidential treatment of his personal, health and medical records, and may approve or refuse their release to any individual outside the facility, except in case of his transfer to another health care institution, or as authorized by Federal or State law;~~

~~(10) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;~~

~~(11) Is not required to perform services for the facility that are not included for therapeutic purposes and documented in his plan of care;~~

~~(12) May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened;~~

~~(13) May meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician in his resident record);~~

~~(14) May retain and use his personal clothing and possessions as space permits; and~~

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~~(15) If--married,-is-ensured-privacy-for-visits-by-his/her-spouse;-if both-are-residents-in-the-facility,-they-are-permitted-to-share-a room,--unless--medical--contraindicated--(as--documented--by--the attending-physician-in-the-resident-record).~~

~~(C) Provide--that---all---rights---and---responsibilities---in---paragraph (a)(1)(ii)(B)-(1)-through-(4)-devolve-to-the-resident's-guardian,-next of-kin,-or-sponsoring-agency(ies),-where:~~

~~(1) a--resident--is--adjudicated-incompetent-in-accordance-with-State law;-or~~

~~(2) his-physician-has-made-a--documented--finding--that,--because--of mental--impairment,--the--resident--is-incapable-of-understanding these-rights.~~

~~*((a)(1)(iii)---A-written-account,-available-to-residents-and--their--families, is--maintained--on--a-current-basis-for-each-resident-with-written-receipts-for all-personal-possessions-and-funds-received-by-or-deposited-with--the--facility and-for-all-disbursements-made-to-or-on-behalf-of-the-resident.)~~

(Source: Repealed at 23 Ill. Reg. 8106, effective JUL 15 1999)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3)

Section Numbers:	Emergency Action:
310.110	Amend
310.130	Amend
310.290	Amend
310.530	Amend
310.540	Amend
310.Appendix B	Amend
310.Appendix C	Amend
310.Appendix D	Amend
310.Appendix G	Amend

4) The specific statutory citation upon which the rule is based and authorized: 20 ILCS 415/8 and 8a

5) The effective date of the rule: July 1, 1999

6) If this emergency rule is to expire before the end of the 150 days period, please specify the date: The emergency amendment will extend to the full 150 days.

7) Date filed in Agency's principle office: July 1, 1999

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) The reason for the emergency: This emergency filing is necessary to implement the Pay Plan changes for Fiscal Year 2000 affecting those employees subject to the Schedule of Salary Grades and the Merit Compensation System Salary Schedule.

10) A Complete Description of the Subjects and Issues Involved: The Fiscal Year 2000 Pay Plan changes affecting those employees subject to the Schedule of Salary Grades and Merit Compensation Plan reflect the following Sections being amended:

In Sections 310.110, 310.130, 310.290, 310.530, 310.540, 310.Appendices B, C, D and G, the dates are being revised to reflect the new fiscal year.

In Section 310.290, Out-of-State or Foreign Service Rate, the salary ranges are being revised to reflect the 3% increase for the Schedule of Salary Grades, Merit Compensation and Negotiated Rates.

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The salary ranges of the Schedules for Salary Grades, Medical Administrators, Merit Compensation, and Broad-Banded Classes are being upgraded by 3%. The Maximum Security Institutions Schedule provides for an adjustment of $50 a month in addition to the general wage increase (App. B). Also, the new Residential Services Supervisor title is being added to the Broad-banded Pay Range Classes Salary Schedule.

11) Are there any proposed amendments pending to this Part? Yes

Section Number	Proposed Action	Illinois Register Citation
310.470	Amend	23 Ill. Reg. 5215
310.Appendix A, Table AA	Amend	23 Ill. Reg. 5300
310.Appendix A Table H	Amend	23 Ill. Reg. 5300
310.Appendix A Table J	Amend	23 Ill. Reg. 5300
310.Appendix A Table O	Amend	23 Ill. Reg. 5300
310.Appendix A Table R	Amend	23 Ill. Reg. 5300
310.Appendix A Table W	Amend	23 Ill. Reg. 5300
310.Appendix A Table X	Amend	23 Ill. Reg. 5300
310.Appendix A Table Y	Amend	23 Ill. Reg. 5300
310.Appendix A Table Z	Amend	23 Ill. Reg. 5300
310.280	Amend	23 Ill. Reg. 5973
310.230	Amend	23 Ill. Reg. 6198
310.230	Amend	23 Ill. Reg. 6720

12) Statement of Statewide Policy Objectives: This rulemaking does not affect local government units.

13) The name, address and telephone number of the person to whom information and questions regarding this adopted rule shall be directed to:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
(217) 782-5601

The full text of the Emergency Rule begins on the following page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section
310.20 Policy and Responsibilities
310.30 Jurisdiction
310.40 Pay Schedules
310.50 Definitions
310.60 Conversion of Base Salary to Pay Period Units
310.70 Conversion of Base Salary to Daily or Hourly Equivalents
310.80 Increases in Pay
310.90 Decreases in Pay
310.100 Other Pay Provisions
310.110 Implementation of Pay Plan Changes for Fiscal Year 2000 ~~1998~~
EMERGENCY
310.120 Interpretation and Application of Pay Plan
310.130 Effective Date
EMERGENCY
310.140 Reinstitution of Within Grade Salary Increases (Repealed)
310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, Effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section
310.205 Introduction
310.210 Prevailing Rate
310.220 Negotiated Rate
310.230 Part-Time Daily or Hourly Special Services Rate
310.240 Hourly Rate
310.250 Member, Patient and Inmate Rate
310.260 Trainee Rate
310.270 Legislated and Contracted Rate
310.280 Designated Rate
310.290 Out-of-State or Foreign Service Rate
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310.300 Educator Schedule for RC-063 and HR-010
310.310 Physician Specialist Rate
310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.330 Excluded Classes Rate (Repealed)

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SUBPART C: MERIT COMPENSATION SYSTEM

Section
310.410 Jurisdiction
310.420 Objectives
310.430 Responsibilities
310.440 Merit Compensation Salary Schedule
310.450 Procedures for Determining Annual Merit Increases
310.455 Intermittent Merit Increase
310.456 Merit Zone (Repealed)
310.460 Other Pay Increases
310.470 Adjustment
310.480 Decreases in Pay
310.490 Other Pay Provisions
310.495 Broad-Band Pay Range Classes
310.500 Definitions
310.510 Conversion of Base Salary to Pay Period Units
310.520 Conversion of Base Salary to Daily or Hourly Equivalents
310.530 Implementation
EMERGENCY
310.540 Annual Merit Increase Guidechart for Fiscal Year 2000 ~~1998~~
EMERGENCY
310.550 Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

APPENDIX A Negotiated Rates of Pay
TABLE A HR-190 (Department of Central Management Services - State of Illinois Building - SEIU)
TABLE AA NR-916 (Department of Natural Resources, Teamsters)
TABLE B HR-200 (Department of Labor - Chicago, Illinois - SEIU)
TABLE C RC-069 (Firefighters, AFSCME) (Repealed)
TABLE D HR-001 (Teamsters Local #726)
TABLE E RC-020 (Teamsters Local #330)
TABLE F RC-019 (Teamsters Local #25)
TABLE G RC-045 (Automotive Mechanics, IFPE)
TABLE H RC-006 (Corrections Employees, AFSCME)
TABLE I RC-009 (Institutional Employees, AFSCME)
TABLE J RC-014 (Clerical Employees, AFSCME)
TABLE K RC-023 (Registered Nurses, INA)
TABLE L RC-008 (Boilermakers)
TABLE M RC-110 (Conservation Police Lodge)
TABLE N RC-010 (Professional Legal Unit, AFSCME)
TABLE O RC-028 (Paraprofessional Human Services Employees, AFSCME)
TABLE P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
TABLE Q RC-033 (Meat Inspectors, IFPE)
TABLE R RC-042 (Residual Maintenance Workers, AFSCME)
TABLE S HR-012 (Fair Employment Practices Employees, SEIU)

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TABLE T HR-010 (Teachers of Deaf, IFT)
TABLE U HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
TABLE V CU-500 (Corrections, Meet and Confer Employees)
TABLE W RC-062 (Technical Employees, AFSCME)
TABLE X RC-063 (Professional Employees, AFSCME)
TABLE Y RC-063 (Educators, AFSCME)
TABLE Z RC-063 (Physicians, AFSCME)
APPENDIX B Schedule of Salary Grades - Monthly Rates of Pay for Fiscal Year 2000 ~~1998~~
EMERGENCY
APPENDIX C Medical Administrator Rates for Fiscal Year 2000 ~~1998~~
EMERGENCY
APPENDIX D Merit Compensation System Salary Schedule for Fiscal Year
EMERGENCY 2000 ~~1998~~
APPENDIX E Teaching Salary Schedule (Repealed)
APPENDIX F Physician and Physician Specialist Salary Schedule (Repealed)
APPENDIX G Broad-Band Pay Range Classes Salary Schedule for Fiscal
EMERGENCY Year 2000 ~~1998~~

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at

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10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg.

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15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688,

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effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; peremptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; peremptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; peremptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg.

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_____, effective July 1, 1999, for a maximum of 150 days.

SUBPART A: NARRATIVE

Section 310.110 Implementation of Pay Plan Changes for Fiscal Year 2000 ~~1999~~
EMERGENCY

The rates of pay for all employees occupying positions subject to the Schedule of Salary Grades shall be as set out in Appendix B, Schedule of Salary Grades -- Monthly Rates of Pay for Fiscal Year 2000 ~~1999~~.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days)

Section 310.130 Effective Date

The effective date of this Pay Plan Narrative (Subpart A), Schedule of Rates (Subpart B), and Schedule of Salary Grades (Appendix B), shall be July 1, 1999 ~~1998~~.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days)

SUBPART B: SCHEDULE OF RATES

Section 310.290 Out-of-State or Foreign Service Rate
EMERGENCY

The rate of pay for employees occupying positions which require payment in accordance with the economic conditions and social legislation of another state or foreign country. An adjustment may be made to the salary of an employee stationed in a foreign country to compensate for a change in the currency exchange rate. The Director of the Department of Central Management Services will, before approving an adjustment, consider the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

Title	Effective Fiscal Year 2000 ~~199~~
Foreign Service Economic Development Executive I	3455-6168~~3354-5988~~
Foreign Service Economic Development Executive II	4424-8083~~4295-7848~~
Foreign Service Economic Development Representative	

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

	2936-5288~~2050-5134~~
Office Administrator IV	
(States Other Than California and New Jersey)	2307-3993~~2240-3076~~
(CA, NJ)	2608-4514~~2532-4301~~
Office Assistant (Foreign Service)	1824-2461~~1771-2390~~
Office Associate	
(States Other Than California and New Jersey)	1950-2675~~1894-2597~~
(CA, NJ)	2205-3024~~2141-2935~~
Office Coordinator	
(States Other Than California and New Jersey)	2025-2791~~1967-2709~~
(CA, NJ)	2289-3155~~2223-3063~~
Public Service Administrator	
(States Other Than California and New Jersey)	3094-6767~~3004-6565~~
(CA, NJ)	3497-7649~~3396-7422~~
Revenue Auditor I	
(States Other Than California and New Jersey)	2760-3943~~2680-3828~~
(CA, NJ)	3120-4458~~3029-4328~~
Revenue Auditor II	
(States Other Than California and New Jersey)	3217-4660~~3123-4524~~
(CA, NJ)	3636-5268~~3531-5114~~
Revenue Auditor III	
(States Other Than California and New Jersey)	3589-5234~~3485-5081~~
(CA, NJ)	4057-5916~~3939-5743~~
Revenue Auditor Trainee	
(States Other Than California and New Jersey)	2300-3215~~2233-3122~~
(CA, NJ)	2600-3635~~2525-3530~~
Revenue Tax Specialist I	
(States Other Than California and New Jersey)	2300-3215~~2233-3122~~
(CA, NJ)	2600-3635~~2525-3530~~
Revenue Tax Specialist II	
(States Other Than California and New Jersey)	2516-3562~~2443-3458~~
(CA, NJ)	2844-4026~~2761-3909~~
Revenue Tax Specialist Trainee	
(States Other Than California and New Jersey)	2103-2921~~2042-2836~~
(CA, NJ)	2378-3302~~2309-3206~~

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Senior Public Service Administrator	
(States Other Than California and New Jersey)	4263-10018~~4139-9726~~
(CA, NJ)	4819-11324~~4679-1099~~

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169 ~~XX~~, effective July 1, 1999, for a maximum of 150 days)

SUBPART C: MERIT COMPENSATION

Section 310.530 Implementation
EMERGENCY

a) The salary schedule for the Merit Compensation System for Fiscal Year 2000 ~~1999~~ will continue as set forth in Appendix D of the Pay Plan.

b) The Merit Increase Guidechart for Fiscal Year 2000 ~~1999~~ as set forth in Section 310.540 of the Pay Plan.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169 ~~XX~~, effective July 1, 1999, for a maximum of 150 days)

Section 310.540 Annual Merit Increase Guidechart for Fiscal Year 2000 ~~1999~~
EMERGENCY

Category	Definition	Increase
Category 1	Exceptional	0% to 5%+$125
Category 2	Accomplished	0% to 3%+$125
Category 3	Acceptable	0% to 3%
Category 4	Unacceptable	$0

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169 ~~XX~~, effective July 1, 1999, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 310.APPENDIX B Schedule of Salary Grades -- Monthly Rates of Pay for Fiscal Year 2000 ~~1999~~
EMERGENCY

Salary Grade	Step 1c	Step 1b	Step 1a	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
1	1363	1404	1446	1489	1535	1577	1622	1674	1718	1798
2	1405	1447	1490	1535	1577	1622	1676	1724	1772	1853
3	1443	1486	1531	1577	1622	1677	1727	1776	1827	1921
4	1484	1529	1575	1622	1677	1731	1780	1841	1890	1988
5	1535	1581	1628	1677	1733	1791	1848	1902	1958	2055
6	1586	1634	1683	1733	1792	1850	1914	1973	2037	2140
7	1640	1689	1740	1792	1853	1919	1984	2049	2117	2230
8	1696	1747	1799	1853	1924	1993	2069	2135	2208	2326
9	1761	1814	1868	1924	1996	2074	2149	2229	2305	2427
10	1829	1884	1941	1999	2086	2161	2243	2323	2406	2540
11	1910	1967	2026	2087	2173	2254	2345	2433	2515	2656
12	2000	2060	2122	2186	2278	2364	2463	2551	2649	2796
13	2087	2150	2215	2281	2376	2478	2579	2676	2779	2937
14	2188	2254	2322	2392	2494	2598	2715	2818	2927	3097
15	2285	2354	2425	2498	2613	2726	2838	2954	3064	3247
16	2400	2472	2546	2622	2744	2869	2989	3113	3238	3429
17	2517	2593	2671	2751	2883	3016	3143	3270	3403	3606
18	2653	2733	2815	2899	3041	3182	3326	3463	3601	3815
19	2797	2881	2967	3056	3213	3363	3520	3668	3821	4052
20	2956	3045	3136	3230	3392	3551	3719	3880	4040	4287

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

21	3121	3215	3311	3410	3585	3758	3934	4113	4284	4551
22	3299	3398	3500	3605	3792	3979	4165	4358	4541	4822
23	3500	3605	3713	3824	4027	4233	4433	4638	4840	5143

Schedule of Salary Grades (Alternative Retirement Formula only) - Monthly Rates of Pay for Fiscal Year 2000

Salary Grade	Step 1c	Step 1b	Step 1a	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
1a	1404	1446	1489	1534	1581	1624	1671	1724	1770	1852
2a	1447	1490	1535	1581	1624	1671	1726	1776	1825	1909
3a	1486	1531	1577	1624	1671	1727	1779	1829	1882	1979
4a	1529	1575	1622	1671	1727	1783	1833	1896	1947	2048
5a	1581	1628	1677	1727	1785	1845	1903	1959	2017	2117
6a	1634	1683	1733	1785	1846	1906	1971	2032	2098	2204
7a	1689	1740	1792	1846	1909	1977	2044	2110	2181	2297
8a	1747	1799	1853	1909	1982	2053	2131	2199	2274	2396
9a	1814	1868	1924	1982	2056	2136	2213	2296	2374	2500
10a	1884	1941	1999	2059	2149	2226	2310	2393	2478	2616
11a	1967	2026	2087	2150	2238	2322	2415	2506	2590	2736
12a	2060	2122	2186	2252	2346	2435	2537	2628	2728	2880
13a	2150	2215	2281	2349	2447	2552	2656	2756	2862	3025
14a	2254	2322	2392	2464	2569	2676	2796	2903	3015	3190
15a	2354	2425	2498	2573	2691	2808	2923	3043	3156	3344
16a	2472	2546	2622	2701	2826	2955	3079	3206	3335	3532
17a	2593	2671	2751	2834	2969	3106	3237	3368	3505	3714
18a	2733	2815	2899	2986	3132	3277	3426	3567	3709	3929

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

19a	2881	2967	3056	3148	3309	3464	3626	3778	3936	4174
20a	3045	3136	3230	3327	3494	3658	3831	3996	4161	4416
21a	3215	3311	3410	3512	3693	3871	4052	4236	4413	4688
22a	3398	3500	3605	3713	3906	4098	4290	4489	4677	4967
23a	3605	3713	3824	3939	4148	4360	4566	4777	4985	5297

Maximum Security Institutions Schedule
Effective July 1, 1999

Salary Grade	Step 1c	Step 1b	Step 1a	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
1m	1455	1498	1541	1585	1633	1676	1722	1776	1821	1903
2m	1499	1542	1586	1633	1676	1722	1778	1827	1877	1960
3m	1538	1582	1628	1676	1722	1779	1830	1881	1933	2030
4m	1580	1626	1674	1722	1779	1834	1885	1948	1998	2099
5m	1633	1680	1728	1779	1836	1896	1955	2011	2068	2168
6m	1685	1735	1785	1836	1897	1957	2023	2084	2150	2256
7m	1741	1791	1844	1897	1960	2028	2095	2162	2232	2348
8m	1798	1851	1904	1960	2033	2104	2183	2251	2326	2447
9m	1865	1920	1976	2033	2107	2188	2265	2347	2426	2551
10m	1935	1992	2051	2110	2200	2277	2362	2444	2530	2668
11m	2019	2078	2138	2201	2290	2373	2467	2557	2642	2787
12m	2112	2173	2237	2303	2398	2486	2588	2679	2780	2931
13m	2201	2266	2333	2401	2499	2604	2708	2808	2914	3077
14m	2305	2373	2443	2515	2620	2727	2848	2954	3066	3241
15m	2405	2476	2549	2624	2743	2859	2975	3094	3207	3396
16m	2524	2598	2674	2752	2878	3007	3130	3258	3387	3583

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

17m	2644	2722	2803	2885	3021	3158	3289	3420	3557	3766
18m	2784	2866	2951	3037	3184	3329	3477	3618	3761	3981
19m	2932	3019	3108	3199	3361	3515	3677	3830	3987	4225
20m	3096	3188	3282	3378	3545	3709	3882	4048	4213	4467
21m	3266	3363	3462	3564	3744	3922	4104	4288	4464	4739
22m	3449	3551	3657	3765	3957	4150	4341	4540	4729	5018
23m	3657	3765	3876	3990	4199	4411	4617	4829	5037	5349
~~1~~	~~1323~~	~~1363~~	~~1404~~	~~1446~~	~~1490~~	~~1531~~	~~1575~~	~~1625~~	~~1668~~	~~1746~~
~~2~~	~~1364~~	~~1405~~	~~1447~~	~~1490~~	~~1531~~	~~1575~~	~~1627~~	~~1674~~	~~1720~~	~~1799~~
~~3~~	~~1401~~	~~1443~~	~~1486~~	~~1531~~	~~1575~~	~~1628~~	~~1677~~	~~1724~~	~~1774~~	~~1865~~
~~4~~	~~1441~~	~~1484~~	~~1529~~	~~1575~~	~~1628~~	~~1681~~	~~1728~~	~~1787~~	~~1835~~	~~1930~~
~~5~~	~~1490~~	~~1535~~	~~1581~~	~~1628~~	~~1683~~	~~1739~~	~~1794~~	~~1847~~	~~1901~~	~~1995~~
~~6~~	~~1540~~	~~1586~~	~~1634~~	~~1683~~	~~1740~~	~~1796~~	~~1850~~	~~1916~~	~~1970~~	~~2078~~
~~7~~	~~1592~~	~~1640~~	~~1689~~	~~1740~~	~~1799~~	~~1863~~	~~1926~~	~~1989~~	~~2055~~	~~2165~~
~~8~~	~~1647~~	~~1696~~	~~1747~~	~~1799~~	~~1868~~	~~1935~~	~~2009~~	~~2073~~	~~2144~~	~~2258~~
~~9~~	~~1710~~	~~1761~~	~~1814~~	~~1868~~	~~1938~~	~~2014~~	~~2086~~	~~2164~~	~~2238~~	~~2356~~
~~10~~	~~1776~~	~~1829~~	~~1884~~	~~1941~~	~~2025~~	~~2098~~	~~2178~~	~~2255~~	~~2336~~	~~2466~~
~~11~~	~~1854~~	~~1910~~	~~1967~~	~~2026~~	~~2110~~	~~2188~~	~~2277~~	~~2362~~	~~2442~~	~~2579~~
~~12~~	~~1942~~	~~2000~~	~~2060~~	~~2122~~	~~2212~~	~~2295~~	~~2391~~	~~2477~~	~~2572~~	~~2715~~
~~13~~	~~2026~~	~~2087~~	~~2150~~	~~2215~~	~~2307~~	~~2406~~	~~2504~~	~~2598~~	~~2698~~	~~2851~~
~~14~~	~~2124~~	~~2188~~	~~2254~~	~~2322~~	~~2421~~	~~2522~~	~~2636~~	~~2736~~	~~2842~~	~~3007~~
~~15~~	~~2218~~	~~2285~~	~~2354~~	~~2425~~	~~2537~~	~~2647~~	~~2755~~	~~2860~~	~~2975~~	~~3152~~
~~16~~	~~2330~~	~~2400~~	~~2472~~	~~2546~~	~~2664~~	~~2785~~	~~2902~~	~~3022~~	~~3144~~	~~3329~~
~~17~~	~~2444~~	~~2517~~	~~2593~~	~~2671~~	~~2799~~	~~2928~~	~~3051~~	~~3175~~	~~3304~~	~~3501~~

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

18	2576	2653	2733	2815	2952	3089	3229	3362	3496	3704
19	2716	2797	2881	2967	3119	3265	3417	3561	3710	3934
20	2870	2956	3045	3136	3293	3448	3611	3767	3922	4162
21	3030	3121	3215	3311	3481	3649	3819	3993	4159	4418
22	3203	3299	3398	3500	3682	3863	4044	4231	4409	4682
23	3398	3500	3605	3713	3910	4110	4304	4503	4699	4993

Schedule of Salary Grades (Alternative Retirement Formula only) --- Monthly Rates of pay for Fiscal Year 1999

Salary Grade	Step 1c	Step 1b	Step 1a	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
1a	1363	1404	1446	1489	1535	1577	1622	1674	1718	1798
2a	1405	1447	1490	1535	1577	1622	1676	1724	1772	1853
3a	1443	1486	1531	1577	1622	1677	1727	1776	1827	1921
4a	1484	1529	1575	1622	1677	1731	1780	1841	1890	1988
5a	1535	1581	1628	1677	1733	1791	1848	1902	1958	2055
6a	1586	1634	1683	1733	1792	1850	1914	1973	2037	2140
7a	1640	1689	1740	1792	1853	1919	1984	2049	2117	2230
8a	1696	1747	1799	1853	1924	1993	2069	2135	2208	2326
9a	1761	1814	1868	1924	1996	2074	2149	2229	2305	2427
10a	1829	1884	1941	1999	2086	2161	2243	2323	2406	2540
11a	1910	1967	2026	2087	2173	2254	2345	2433	2515	2656
12a	2000	2060	2122	2186	2278	2364	2463	2551	2649	2796
13a	2087	2150	2215	2281	2376	2478	2579	2676	2779	2937
14a	2188	2254	2322	2392	2494	2598	2715	2818	2927	3097
15a	2285	2354	2425	2498	2613	2726	2838	2954	3064	3247

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

16a	2400	2472	2546	2622	2744	2869	2989	3113	3238	3429
17a	2517	2593	2671	2751	2883	3016	3143	3270	3403	3606
18a	2653	2733	2815	2899	3041	3182	3326	3463	3601	3815
19a	2797	2881	2967	3056	3213	3363	3520	3668	3821	4052
20a	2956	3045	3136	3230	3392	3551	3719	3880	4040	4287
21a	3121	3215	3311	3410	3585	3758	3934	4113	4284	4551
22a	3299	3398	3500	3605	3792	3979	4165	4358	4541	4822
23a	3500	3605	3713	3824	4027	4233	4433	4638	4840	5143

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 310.APPENDIX C Medical Administrator Rates for Fiscal Year 2000 ~~1999~~ EMERGENCY

Title	Minimum Salary	Midpoint Salary	Maximum Salary
Medical Administrator I, Option C	7262	8835	10,407
Medical Administrator I, Option D	8109	9726	11,343
Medical Administrator II, Option C	7847	9449	11,051
Medical Administrator II, Option D	9011	10,683	12,355
Medical Administrator III	9331	11,164	12,997
Medical Administrator IV	9482	11,315	13,148
Medical Administrator V	9635	11,469	13,303
~~Medical Administrator I, Option C~~	~~7,050~~	~~8,577~~	~~10,104~~
~~Medical Administrator I, Option D~~	~~7,873~~	~~9,443~~	~~11,013~~
~~Medical Administrator II, Option C~~	~~7,618~~	~~9,173~~	~~10,728~~
~~Medical Administrator II, Option D~~	~~8,749~~	~~10,372~~	~~11,995~~
~~Medical Administrator III~~	~~9,059~~	~~10,838~~	~~12,617~~
~~Medical Administrator IV~~	~~9,206~~	~~10,985~~	~~12,764~~
~~Medical Administrator V~~	~~9,354~~	~~11,135~~	~~12,916~~

The rates of pay for physicians occupying or appointed to a position in the Medical Administrator classes shall be as listed in the above schedule. All provisions of Subpart C of the Pay Plan, Merit Compensation System will apply to the Medical Administrator positions.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 3169 =,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

effective July 1, 1999, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 310.APPENDIX D Merit Compensation System Salary Schedule for Fiscal Year 2000 ~~1999~~
EMERGENCY

Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary
MC 01	1923	2606	3289
MC 02	2006	2739	3472
MC 03	2102	2898	3694
MC 04	2198	3034	3870
MC 05	2307	3213	4119
MC 06	2425	3374	4323
MC 07	2552	3576	4600
MC 08	2690	3794	4898
MC 09	2843	4005	5167
MC 10	3003	4265	5527
MC 11	3172	4528	5884
MC 12	3368	4832	6296
MC 13	3597	5165	6733
MC 14	3847	5545	7243
MC 15	4129	5944	7759
MC 16	4420	6387	8354
MC 17	4770	6893	9016
MC 18	5141	7193	9245
MC 19	5553	7506	9459
~~MC-01~~	~~1,067~~	~~2,530~~	~~3,193~~
~~MC-02~~	~~1,948~~	~~2,659~~	~~3,370~~
~~MC-03~~	~~2,041~~	~~2,813~~	~~3,585~~
~~MC-04~~	~~2,134~~	~~2,945~~	~~3,756~~
~~MC-05~~	~~2,240~~	~~3,116~~	~~3,992~~
~~MC-06~~	~~2,354~~	~~3,275~~	~~4,196~~
~~MC-07~~	~~2,478~~	~~3,472~~	~~4,466~~
~~MC-08~~	~~2,612~~	~~3,683~~	~~4,754~~
~~MC-09~~	~~2,760~~	~~3,888~~	~~5,016~~
~~MC-10~~	~~2,916~~	~~4,141~~	~~5,366~~
~~MC-11~~	~~3,080~~	~~4,396~~	~~5,712~~
~~MC-12~~	~~3,270~~	~~4,691~~	~~6,112~~
~~MC-13~~	~~3,492~~	~~5,014~~	~~6,536~~
~~MC-14~~	~~3,735~~	~~5,383~~	~~7,031~~
~~MC-15~~	~~4,009~~	~~5,771~~	~~7,533~~
~~MC-16~~	~~4,291~~	~~6,201~~	~~8,111~~
~~MC-17~~	~~4,631~~	~~6,692~~	~~8,753~~
~~MC-18~~	~~4,991~~	~~6,983~~	~~8,975~~
~~MC-19~~	~~5,391~~	~~7,287~~	~~9,183~~

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 310.APPENDIX G Broad-Band Pay Range Classes Salary Schedule for Fiscal Year 2000 ~~1998~~
EMERGENCY

Title	Minimum Salary	Maximum Salary
Human Resources Representative	2006	3870
Human Resources Specialist	2307	4600
Public Service Administrator	2690	5884
Residential Services Supervisor	2006	3870
Senior Public Service Administrator	3707	8711
Site Superintendent	2307	4600
~~Human Resources Representative~~	~~1,948~~	~~3,755~~
~~Human Resources Specialist~~	~~2,240~~	~~4,466~~
~~Public Service Administrator~~	~~2,612~~	~~5,709~~
~~Senior Public Service Administrator~~	~~3,599~~	~~8,457~~
~~Site Superintendent~~	~~2,240~~	~~4,466~~

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days)

ILLINOIS GAMING BOARD

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Riverboat Gambling

2) Code Citation: 86 Ill. Adm. Code 3000

3)

Section Numbers:	Emergency Action:
3000.230	Amendment
3000.232	New
3000.235	Amendment
3000.236	Amendment
3000.237	New
3000.500	Amendment
3000.510	Amendment
3000.1071	Amendment

4) Statutory Authority: Riverboat Gambling Act [230 ILCS 10] (specifically 230 ILCS 10/5(b)(3) and (c)(3) and Public Act 91-40)

5) Effective Date of Amendments: July 2, 1999

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire: Not applicable

7) Date Filed with the Index Department: July 2, 1999

8) A copy of the emergency amendments, including any material incorporated by reference, is on file in the agency's principal office in Chicago and is available for inspection.

9) Reason for Emergency: Public Act 91-40 was signed into law by Governor Ryan on June 25, 1999. The provisions of this law that amend the Riverboat Gambling Act [230 ILCS 10] are effective immediately and necessitate emergency rulemaking to preserve the public interest, safety and welfare. In the absence of emergency rulemaking, the existing rules are in conflict with the new law. The emergency amendments resolve the conflict with Public Act 91-40, and also establish the standards and procedures for decisions the Gaming Board must make immediately to avoid delay in the collection of wagering revenues and to strictly regulate casino gambling.

10) A Complete Description of the Subjects and Issues Involved: There are five issues that are central to this emergency rulemaking. First, although the Board's discretion is curtailed by the new Section 11.2 added to the Riverboat Gambling Act in P.A. 91-40 with respect to the renewal and location of the nonoperating license, the establishment of an entirely new gaming operation requires consideration of factors and approval by the Board just as with any other license in order to assure public safety and integrity of the operation. In the case of the relocated existing license

ILLINOIS GAMING BOARD

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under Section 11.2, it is expected that the number of background investigations and other requirements to be met shall be lessened as a result of the Board's approval of the original application and submission of required updated information by the licensee. Since State and local revenues from the license relocated under Section 11.2 can reasonably be projected to be in excess of $85,000,000 annually, in order to avoid delay it is essential that procedures be established, including a finding of preliminary suitability, assessment of the gambling operation, and final practice gaming sessions.

The second issue addressed is the transfer of ownership interests in light of the deletion in P.A. 91-40 of the provision automatically barring a person with one owner's license from owning more than 10% in another license (formerly 230 ILCS 10/7(a)(7)). In the absence of the standards provided in the new Section 3000.232, the Board would have no basis for regulating excessive industry consolidation and ownership of multiple licenses, resulting in potentially decreased competition, capital investment, and economic development harmful to Illinois. Section 3000.232 defines "undue economic concentration" and lists factors to be considered in weighing the consequences of ownership concentration.

Thirdly, P.A. 91-40 provides that owner's licenses renewed after May 1, 1998, are for a period of four years unless the Board sets a shorter period. Section 3000.236 is amended to provide that if the Board restricts the term of the renewal to less than four years the licensee shall be provided notice and an opportunity for hearing. The new Section 3000.237 sets standards for restricted licenses and specifies annual fees and information required to be provided annually when a license is renewed for more than a year.

The fourth issue involves dockside gambling, which is permitted under P.A. 91-40, and the deletion of those conflicting provisions in Sections 3000.500 and 3000.510 relating to the requirement that a riverboat cruise while gambling is conducted. Cruising, if elected, will remain subject to Board approval.

Finally, with the elimination of cruising requirements, P.A. 91-40 changes the way the admission tax is calculated from $2 per person admitted per cruise to $2 for each admission. This change is reflected in Section 3000.1071 by incorporating the language of the new law. The loss of revenue to local governments as a result of this change in the admission tax will be at minimum partially offset by the expected increase in wagering tax revenue resulting from dockside gambling.

11) Are there any proposed amendments to this Part pending: Yes

Section Numbers	Proposed Action	Illinois Register Citation
3000.100	Amendment	23 Ill. Reg. 3538; 3/26/99

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3000.614	Amendment	23 Ill. Reg. 3538; 3/26/99
3000.631	New	23 Ill. Reg. 3538; 3/26/99
3000.660	Amendment	23 Ill. Reg. 3538; 3/26/99

12) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

13) Information and questions regarding these amendments should be directed to:

Mareile B. Cusack
Chief Counsel
Illinois Gaming Board
160 N. LaSalle, Suite 300S
Chicago, Illinois 60601
(312)814-4700
FAX (312)814-8798

The full text of the emergency amendments begins on the next page:

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TITLE 86: REVENUE
CHAPTER IV: ILLINOIS GAMING BOARD

PART 3000
RIVERBOAT GAMBLING

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3000.100 Definitions
3000.101 Invalidity
3000.102 Public Inquiries
3000.103 Organization of the Illinois Gaming Board
3000.104 Rulemaking Procedures
3000.105 Board Meetings
3000.110 Disciplinary Actions
3000.115 Records Retention
3000.120 Place to Submit Materials
3000.130 No Opinion or Approval of the Board
3000.140 Duty to Disclose Changes in Information
3000.141 Applicant/Licensee Disclosure of Agents
3000.150 Owner's and Supplier's Duty to Investigate
3000.155 Investigatory Proceedings
3000.160 Duty to Report Misconduct
3000.161 Communication with Other Agencies
3000.165 Participation in Games by Owners, Directors, Officers, Key Persons or Gaming Employees
3000.170 Fair Market Value of Contracts
3000.180 Weapons on Riverboat

SUBPART B: LICENSES

Section
3000.200 Classification of Licenses
3000.210 Fees and Bonds
3000.220 Applications
3000.221 Other Required Forms
3000.222 Identification and Requirements of Key Persons
3000.223 Disclosure of Ownership and Control
3000.224 Economic Disassociation
3000.225 Business Entity and Personal Disclosure Filings
3000.230 Owner's Licenses
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3000.231 Distributions
3000.232 Undue Economic Concentration
EMERGENCY
3000.234 Acquisition of Ownership Interest By Institutional Investors
3000.235 Transferability of Ownership Interest ~~Transferability~~

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EMERGENCY
3000.236 Owner's License Renewal
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3000.237 Renewed Owner's Licenses, Term and Restrictions
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3000.240 Supplier's Licenses
3000.241 Renewal of Supplier's License
3000.242 Amendment to Supplier's Product List
3000.243 Bankruptcy or Change in Ownership of Supplier
3000.245 Occupational Licenses
3000.250 Transferability of Licenses
3000.260 Waiver of Requirements
3000.270 Certification and Registration of Electronic Gaming Devices
3000.271 Analysis of Questioned Electronic Gaming Devices
3000.280 Registration of All Gaming Devices
3000.281 Transfer of Registration (Repealed)
3000.282 Seizure of Gaming Devices (Repealed)
3000.283 Analysis of Questioned Electronic Gaming Devices (Repealed)
3000.284 Disposal of Gaming Devices

SUBPART C: OWNER'S INTERNAL CONTROL SYSTEM

Section
3000.300 General Requirements - Internal Control System
3000.310 Approval of Internal Control System
3000.320 Minimum Standards for Internal Control Systems
3000.330 Review of Procedures (Repealed)
3000.340 Operating Procedures (Repealed)
3000.350 Modifications (Repealed)

SUBPART D: HEARINGS ON NOTICE OF DENIAL, RESTRICTION OF LICENSE OR PLACEMENT ON EXCLUSION LIST

Section
3000.400 Coverage of Subpart
3000.405 Requests for Hearings
3000.410 Appearances
3000.415 Discovery
3000.420 Motions for Summary Judgment
3000.424 Subpoena of Witnesses
3000.425 Proceedings
3000.430 Evidence
3000.431 Prohibition on Ex Parte Communication
3000.435 Sanctions and Penalties
3000.440 Transmittal of Record and Recommendation to the Board
3000.445 Status of Applicant for Licensure or Transfer Upon Filing Request for Hearing

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SUBPART E: CRUISING ~~EXCURSIONS~~

Section
3000.500 Riverboat Cruises ~~Time-of-Excursion~~
EMERGENCY
3000.510 ~~Excursions During~~ Cancelled or Disrupted Cruises~~;--Violations--and Fines~~
EMERGENCY Disrupted Cruises; Violations and Fines

SUBPART F: CONDUCT OF GAMING

Section
3000.600 Wagering Only with Approved Chips, Tokens and Electronic Cards
3000.602 Disposition of Unauthorized Winnings
3000.605 Authorized Games
3000.606 Gaming Positions
3000.610 Publication of Rules and Payout Ratio for Live Gaming Devices
3000.614 Tournaments, Enhanced Payouts and Give-aways
3000.615 Payout Percentage for Electronic Gaming Devices
3000.616 Cashing-In
3000.620 Submission of Chips for Review and Approval
3000.625 Chip Specifications
3000.630 Primary, Secondary and Reserve Sets of Gaming Chips
3000.635 Issuance and Use of Tokens for Gaming
3000.636 Distribution of Coupons for Complimentary Chips and Tokens
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3000.660 Minimum Standards for Electronic Gaming Devices
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SUBPART G: EXCLUSION OF PERSONS

Section
3000.700 Duty to Exclude
3000.710 Distribution and Availability of Exclusion Lists
3000.720 Criteria for Exclusion or Ejection and Placement on an Exclusion List
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SUBPART H: SURVEILLANCE AND SECURITY

Section

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3000.800 Required Surveillance Equipment
3000.810 Riverboat and Board Surveillance Room Requirements
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3000.850 Dock Site Board Facility
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SUBPART I: LIQUOR LICENSES

Section
3000.900 Liquor Control Commission
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SUBPART J: OWNERSHIP AND ACCOUNTING RECORDS AND PROCEDURES

Section
3000.1000 Ownership Records
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3000.1020 Standard Financial and Statistical Records
3000.1030 Annual and Special Audits and Other Reporting Requirements
3000.1040 Accounting Controls Within the Cashier's Cage
3000.1050 Procedures for Exchange of Checks Submitted by Gaming Patrons and Granting Credit
3000.1060 Handling of Cash at Gaming Tables
3000.1070 Tips or Gratuities
3000.1071 Admission Tax and Wagering Tax
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3000.1072 Cash Reserve Requirements

SUBPART K: SEIZURE AND DISCIPLINARY HEARINGS

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3000.1100 Coverage of Subpart
3000.1105 Duty to Maintain Suitability
3000.1110 Board Action Against License or Licensee
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3000.1126 Appointment of Hearing Officer
3000.1130 Discovery
3000.1135 Motions for Summary Disposition
3000.1139 Subpoena of Witnesses
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3000.1150 Sanctions and Penalties
3000.1155 Transmittal of Record and Recommendation to the Board

AUTHORITY: Implementing and authorized by the Riverboat Gambling Act [230 ILCS 10].

SOURCE: Emergency rule adopted at 15 Ill. Reg. 11252, effective August 5, 1991, for a maximum of 150 days; adopted at 15 Ill. Reg. 18263, effective December 10, 1991; amended at 16 Ill. Reg. 13310, effective August 17, 1992; amended at 17 Ill. Reg. 11510, effective July 9, 1993; amended at 20 Ill. Reg. 5814, effective April 9, 1996; amended at 20 Ill. Reg. 6280, effective April 22, 1996; emergency amendment at 20 Ill. Reg. 8051, effective June 3, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14765, effective October 31, 1996; amended at 21 Ill. Reg. 4642, effective April 1, 1997; emergency amendment at 21 Ill. Reg. 14566, effective October 22, 1997, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 978, effective December 29, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 4390, effective February 20, 1998; amended at 22 Ill. Reg. 10449, effective May 27, 1998; amended at 22 Ill. Reg. 17324, effective September 21, 1998; amended at 22 Ill. Reg. 19541, effective October 23, 1998; emergency amendment at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days.

SUBPART B: LICENSES

Section 3000.230 Owner's Licenses
EMERGENCY

a) Overview of Licensing Procedures. Applications for Owner's licenses ~~licenses~~ , including an application for relocation of an Owner's license under Section 11.2 of the Act, shall be subject to the following procedures prior to licensure, or prior to beginning gaming at an approved new home dock location under Section 11.2 of the Act:
   1) Investigation of the applicant and application;
   2) Finding of preliminary suitability;
   3) Assessment of the Riverboat Gaming Operation;
   4) Final practice Gaming session ~~excursion~~;
   5) Action of the Board; and
   6) Different or additional licensing procedures as required of an applicant by the Board.
b) Investigation of the Applicant and Application. An applicant is responsible for compliance with all requests for information, documents, or other materials relating to the applicant and the applicant's application.
c) Finding of Preliminary Suitability
   1) An applicant for an Owner's license ~~license~~ or a relocation under Section 11.2 of the Act shall present to the Board in a public meeting the reasons it is suitable for licensing or relocation.
   2) An applicant must satisfy the Board by clear and convincing

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evidence that the applicant:
   A) Has met those requirements of Section 7 of the Act;
   B) Is a person or entity whose background, reputation and associations will not dishonor or harm the reputation of, or result in adverse publicity for, the State of Illinois and its Gaming industry;
   C) Has adequate business competence and experience to be a holder of an Owner's license ~~license~~; and
   D) Has demonstrated that the proposed funding of the entire operation shall be adequate for the nature of the proposed operation and be from a suitable source; and ~~.~~
   E) Has satisfied the Board as to any other information deemed necessary for licensure.
   3) After presentation by the applicant, the Board shall determine whether to find the applicant preliminarily suitable for licensing or relocation.
   4) If the Board finds the applicant preliminarily suitable for licensing or relocation, it shall issue the applicant a finding of preliminary suitability.
   5) If the Board finds the applicant not preliminarily suitable for licensing or relocation, it shall issue the applicant a Notice of Denial.
d) Approval for Proposed Changes
   1) In addition to an applicant's and licensee's duty under Section 3000.140 to disclose information to the Board, an applicant or owner licensee must immediately inform the Board and, except as provided in subsections (d)(2) and (3) below, obtain prior formal Board approval thereof whenever a change is proposed in the following areas:
      A) Key Persons;
      B) Type of entity;
      C) Equity and debt capitalization of entity;
      D) Investors and/or debt holders;
      E) Sources of funds;
      F) Economic development plans or proposals;
      G) Riverboat cruising schedules or routes, capacity or design change;
      H) Gaming positions;
      I) Anticipated economic impact; or
      J) Agreements, oral or written, relating to the acquisition or disposition of property (real or personal) of a value greater than $1 million.
   2) The Board may, by resolution, delegate to the Administrator the authority to approve proposed changes listed in Section 3000.230(d)(1). Such resolution shall specify the type and, where appropriate, level or amount of the proposed changes that may be approved by the Administrator.
   3) If the Administrator refuses to approve a proposed change under

subsection (d)(2), the Board shall review such proposal and determine whether to grant or deny the change.

e) Assessment of the Riverboat Gaming Operation

1) After an applicant is found preliminarily suitable for licensing or relocation under Section 11.2 of the Act, the applicant's Riverboat Gaming Operation shall be assessed to determine its effectiveness, integrity, and compliance with law and Board standards.

A) The matters to be assessed include:

i) The Gaming Operations Manager;

ii) Proposed Gaming Operations and use of Gaming equipment;

iii) The Riverboat, whether it is a self-propelled excursion boat or permanently moored barge;

iv) Handicapped access;

v) Support Facilities;

vi) Internal controls and operating procedures;

vii) Security operations;

viii) Staffing;

ix) Casualty and liability insurance;

x) Affirmative action hiring patterns;

xi) The status of the financing commitments proposed in the applicant's application;

xii) Information received subsequent to the preliminary finding of suitability concerning the applicant and the applicant's Key Persons;

xiii) Riverboat capacity and Gaming positions;

xiv) Fulfillment of economic development plans as submitted in the application; and

xv) Such other matters as the Board may require.

B) The Board may establish a schedule setting a timetable for the satisfactory compliance for all operations to be assessed.

2) The Administrator shall report to the Board concerning whether the applicant has satisfactorily complied with subsection (e) of this Section.

3) After receipt of the Administrator's report, the Board shall determine whether to authorize a final practice Gaming excursion.

f) Final Practice Gaming Session ~~Excursion~~

The Board may authorize the Administrator to conduct a final practice Gaming session ~~excursion~~ and to issue the applicant a Temporary Operating Permit if the final practice Gaming session ~~excursion~~ is successfully completed.

1) In determining whether a final practice Gaming session ~~excursion~~ has been successfully completed, the Administrator shall assess, among other matters, the effectiveness, safety and security of the Riverboat Gaming Operation as well as the matters listed in subsection (e)(1)(A) above.

2) If the Administrator determines that the final practice Gaming session ~~excursion~~ has not been successfully completed, he shall so report to the Board.

3) If the Administrator determines that the final practice Gaming session ~~excursion~~ has been successfully completed, he shall:

A) Upon delivery of the applicant's license fee and a file stamped copy of the applicant's $200,000 bond to the State of Illinois posted with the Board, issue the applicant a Temporary Operating Permit; and

B) Report to the Board.

4) A Temporary Operating Permit allows the applicant to operate the Riverboat Gaming Operation to which it pertains until it is withdrawn or the Board takes action on the application.

5) A Temporary Operating Permit may be withdrawn by the Administrator if he determines that the Riverboat Gaming Operation to which it pertains is not suitable for continued operation. If the Administrator withdraws a Temporary Operating Permit, he shall so report to the Board.

g) Action of the Board

1) If the Board finds the applicant suitable for licensing, or relocation under Section 11.2 of the Act, it shall issue the applicant a license, or approve the relocation under Section 11.2 of the Act, as the case may be.

2) If the Board finds the applicant not suitable for licensing, or relocation, it shall:

A) Issue the applicant a Notice of Denial by certified mail or personal delivery; and

B) If the applicant has been issued a Temporary Operating Permit, return the applicant's license fee.

h) Notice of Denial

1) An applicant served with a Notice of Denial may request a hearing in accord with Section 3000.405.

2) If a hearing is not requested, the Notice of Denial becomes the final order of the Board denying the applicant's application.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8191 effective July 2, 1999, for a maximum of 150 days)

Section 3000.232 Undue Economic Concentration
EMERGENCY

a) In addition to considering all other requirements under the Act and this Part, in deciding whether to approve direct or indirect ownership or control of an Owner's license the Board shall consider the impact of any economic concentration of the ownership or control. No direct or indirect ownership or control shall be approved and no Owner's license shall be issued or transferred to or held by any person or entity if the Board determines that approval, issuance, transfer or

holding will result in undue economic concentration in the direct or indirect ownership or control of riverboat gambling operations in Illinois.

b) For purposes of this Section, "undue economic concentration" means that a person or entity would have actual or potential domination of riverboat gambling in Illinois sufficient to:

1) substantially impede or suppress competition among holders of Owner's licenses;

2) adversely impact the economic stability of the riverboat casino industry in Illinois; or

3) negatively impact the purposes of the Act, including tourism, economic development, benefits to local communities, and State and local revenues.

c) In determining whether the issuance, transfer or holding, directly or indirectly, of an Owner's license will result in undue economic concentration, the Board shall consider the following criteria:

1) The percentage share of the market presently owned or controlled by a person or entity, directly or indirectly, in each of the following categories:

i) The total number of licensed riverboat casinos in Illinois;

ii) Total riverboat casino square footage;

iii) Number of persons employed in the riverboat gambling operation and any affiliated hotel operation;

iv) Number of guest rooms in an affiliated hotel;

v) Number of Electronic Gaming Devices;

vi) Number of table games;

vii) Net revenue and Adjusted Gross Receipts;

viii) Table Win;

ix) Electronic Gaming Device Win;

x) Table Drop; and

xi) Electronic Gaming Device Drop;

2) The estimated increase in the market shares in the categories in subsection (c)(1) above if the person or entity is approved, or is issued or permitted to hold the Owner's license;

3) The relative position of other persons or entities that own or control Owner's licenses in Illinois, as evidenced by the market shares of each license in the categories in subsection (c)(1) above;

4) The current and projected financial condition of the riverboat gaming industry;

5) Current market conditions, including proximity and level of competition, consumer demand, market concentration, and any other relevant characteristics of the market;

6) Whether the licenses to be issued, transferred or held, directly or indirectly, by the person or entity have separate organizational structures or other independent obligations;

7) The potential impact on the projected future growth and development of the riverboat gambling industry, the local

communities in which licenses are located, and the State of Illinois;

8) The barriers to entry into the riverboat gambling industry, including the licensure requirements of the Act and this Part, and whether the issuance or transfer to, or holding, directly or indirectly, of, an Owner's license by the person or entity will operate as a barrier to new companies and individuals desiring to enter the market;

9) Whether the issuance or transfer to or holding, directly or indirectly, of the license by the person or entity will adversely impact on consumer interests, or whether such issuance, transfer or holding is likely to result in enhancing the quality and customer appeal of products and services offered by riverboat casinos in order to maintain or increase their respective market shares;

10) Whether a restriction on the issuance or transfer of a license to, or holding, directly or indirectly, of, an additional license by the person is necessary in order to encourage and preserve competition in casino operations; and

11) Any other information deemed relevant by the Board.

(Source: Added by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

Section 3000.235 Transferability of Ownership Interest
EMERGENCY

a) An ownership interest in an entity with a finding of preliminary suitability or a holder of an Owner's license may only be transferred with leave of the Board. An ownership interest in a business entity, other than a publicly traded corporation, which has an interest in an entity with a finding of preliminary suitability or in a holder of an Owner's license, may only be transferred with leave of the Board.

1) Any individual or entity filing an application for transfer of any ownership interest in an entity with a finding of preliminary suitability or in a holder of an Owner's license, must complete a Business Entity Form or Personal Disclosure Form 1, and any other information specifically requested by the Board. The information ~~which~~ will form the basis of Board investigation to determine suitability of the person or entity seeking transfer. All costs associated with Board investigation of the applicant for transfer will be born by an entity with a finding of preliminary suitability or by the holder of an Owner's license in which the transfer of ownership interest ~~in which~~ is being sought.

2) Board decision as to suitability for transfer will be based on the same criteria as for a finding of preliminary suitability for licensure under Section 3000.230(c) ~~(d)(2)(A) and (d)(2)(B)~~.

3) If the Board denies the application for transfer, it shall issue

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the applicant a Notice of Denial. An applicant served with a Notice of Denial may request a hearing in accord with Section 3000.405. If a hearing is not requested, the Notice of Denial becomes the final order of the Board denying the application for transfer.

b) An ownership interest in an entity with a finding of preliminary suitability or in a holder of an Owner's license may only be pledged as collateral with leave of the Board.

c) Transferability of Ownership in publicly traded parent corporation. The Board shall (unless the investor qualifies as an institutional investor) require a Business Entity Form or Personal Disclosure Form 1 from any person or entity who or which, individually or in association with others, acquires directly or indirectly, beneficial ownership of more than 5% of any class of voting or non-voting with conversion rights securities of a publicly traded corporation which holds an ownership interest in the holder in an entity with a finding of preliminary suitability or in the holder of an Owner's license. The Business Entity Form or Personal Disclosure Form 1, and any other information specifically requested by the Board, will form the basis of the Board investigation to determine suitability of the person or entity seeking transfer. All costs associated with Board investigation of the applicant for transfer will be born by the entity with a finding of preliminary suitability or by the holder of an Owner's license in which the publicly traded corporation holds a beneficial interest.

1) Board decision as to suitability for transfer will be based on the criteria for a finding of preliminary suitability for licensure under Section 3000.230(c) ~~(d)(2)(A) and (d)(2)(B)~~.

2) If the Board denies the application for transfer, it shall issue the applicant a Notice of Denial. An applicant served with a Notice of Denial may request a hearing in accord with Section 3000.405. If a hearing is not requested, the Notice of Denial becomes the final order of the Board denying the application for transfer.

3) Commencing as of the date the Board issues a Notice of Denial, it shall be unlawful for the applicant served with the Notice of Denial:

A) to receive any dividends or interest upon any such securities;

B) to exercise, directly or indirectly, any right conferred by such securities; and/or

C) to receive any remuneration in any form from any person or entity holding any license pursuant to the Act for services rendered or otherwise.

4) Within ~~thirty (~~30~~)~~ calendar days after the earlier of either ~~(i)~~ the failure of an applicant served with a Notice of Denial to request a hearing or ~~(ii)~~ the issuance of a final order pursuant to Subpart D, the holder of the affected Owner's license shall

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purchase all of the interests in the holder of the Owner's license from such disqualified person or entity, and the disqualified person or entity shall sell all of his/its interest in the holder of the Owner's license to the licensee at the lesser of the market price or purchase price of such interests in the holder of the Owner's license.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

Section 3000.236 Owner's License Renewal
EMERGENCY

Upon the expiration of an initial Owner's license, or following a one year license renewal period, a license may be renewed for a period determined by the Board of up to 4 years, ~~one year period~~ subject to the provisions of the Act, Sections 3000.236 and 3000.237, and the other Board rules contained in this Part ~~this Section 3000.236~~.

a) The renewal requirements shall include the following:

1) Beginning with the initial renewal application the licensee shall submit an owner's renewal application and the requisite Business Entity and Personal Disclosure Forms. The owner licensee shall submit disclosure information pursuant to Section 3000.222(e)(2) from each Key Person who has previously filed a Business Entity or Personal Disclosure Form, updating, and attesting to the veracity of information on the previously filed Business Entity or Personal Disclosure Form and setting forth any required additional or different information than previously submitted. Nothing in this Section shall be interpreted to alter the ongoing duty to disclose changes in information;

2) Unless a later date is authorized in writing by the Administrator, materials submitted pursuant to this Section shall be provided in triplicate at least ninety days prior to the expiration of the Owner's license, and must be accompanied by the required annual licensing fee; and

3) As part of its renewal submission, the licensee shall provide documentation of the following:

A) Measures taken by the licensee to assure compliance with the Act and the rules promulgated thereunder;

B) Adherence to the economic development purposes and requirements of the Act, including conformance to specific commitments made in conjunction with an initial application or subsequent renewal applications;

C) Adherence to specific conditions or requirements adopted by the Board at the time a previous renewal was authorized;

D) Ability to maintain a financially viable gaming entity;

E) Any specific plans for changes in the financing, ownership or structure of the licensee and its substantial owner(s);

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F) An assessment of the economic impact of the gaming operation on employment, business and economic development related to the State of Illinois and related to the area of the State in which the gaming operation is conducted;
G) Information relating to the licensee's or its substantial owners' involvement in gaming in other jurisdictions;
H) Verification of tax filings with the Illinois Department of Revenue during the preceding licensing period;
I) Summary of all litigation to which licensee is or was a party during the preceding licensing period;
J) Responses to specific questions or concerns raised by the Board in its renewal investigation and review process; and
K) Evidence of continued support of the licensee from its community.

b) The Board shall base its renewal of an Owner's license upon:
1) The timeliness and responsiveness of the information submitted by the holder of a license as required pursuant to Section 3000.236;
2) The Board's analysis of the owner licensee's Gaming operations, including the nature, frequency, extent and any pattern of past violations of the Act and this Part;
3) The financial status and the current and projected financial viability of the entity;
4) Information on the background, character and integrity of the Key Persons, owners, directors and partners of the entity;
5) The owner licensee's pattern of compliance exhibited through quarterly, special and annual compliance reviews or audits performed by the Board staff or contract audit firms;
6) The licensee's commitment to economic development in the community and in Illinois;
7) The overall adherence of the licensee to all requirements of the Act and this Part; and
8) Any other information the Board deems appropriate.

c) Action of the Board
1) The Board shall act at a public meeting on the renewal of an Owner's license and may afford representatives of the licensee and members of the general public an opportunity for commenting upon the renewal.
2) If the Board decides to deny license renewal or restrict the term of renewal to less than 4 years, it shall direct the Administrator to issue a Notice of Denial or Restriction to the licensee by certified mail or personal delivery.

d) Request for Hearing
1) An owner licensee served with a Notice of Denial or Restriction may request a hearing in accordance with Section 3000.405.
2) If a hearing is not requested, the Notice of Denial or Restriction becomes the final order of the Board denying the owner licensee's application for renewal or restricting the term of renewal to less than 4 years, as the case may be.

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(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

Section 3000.237 Renewed Owner's Licenses, Term and Restrictions
EMERGENCY

a) Unless otherwise provided by the Board pursuant to this Section, renewed Owner's licenses shall be for a term of 4 years.
b) Upon issuing a renewed Owner's license, the Board may restrict the term of the renewal to any period of less than 4 years, and may impose additional restrictions and conditions on the renewed license. In deciding whether to issue a restricted license, the Board shall consider:
1) The standards applied under Section 3000.236(b) in renewing a license;
2) The business practices and regulatory history in Illinois and other jurisdictions of the licensee, its Key Persons and affiliates;
3) The licensee's reputation and associations; and
4) Any other information considered by the Board to be relevant to renewal of the license.
c) If, at the conclusion of a renewal period for licensees restricted on renewal, the Board deems that the licensee has addressed or corrected the reasons for the restriction, the Board may renew the license for up to 4 years. If the Board determines the licensee has not corrected the reasons for the restriction, the Board may issue another license restricted on renewal, refuse to renew the license, or impose other disciplinary action authorized under Section 5 of the Act.
d) During the term of any Owner's license that is for more than one year, the licensee shall annually submit the fee required under Section 3000.210, together with an affidavit attesting to the accuracy of all information previously submitted to the Board, certifying any changes in the information previously submitted, and verifying the following information:
1) Any and all past or pending disciplinary action taken against the licensee or its parent corporation, or parent's subsidiaries, in other jurisdictions;
2) The most recent year end financial statements, and the most recent Form 10K and 10Q filings with the Securities and Exchange Commission by the licensee and its parent company if they are publicly held corporations;
3) Disclosure of any past or pending material litigation involving the licensee, its parent corporation and subsidiaries, and any Key Person;
4) Any plans for changes in the financing, ownership or organization of the licensee;
5) Compliance by the licensee in making all required payments of federal and State taxes; and

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6) Any additional information required by the Board.

e) Any bankruptcy, liquidation, reorganization, cessation of gaming operations, or substantial change in the ownership or control of an Owner's license, or an event that adversely affects the character, reputation or financial integrity of the licensee, at any time during the 4 year term of a license, or any restricted term of less than 4 years, may cause the Board to suspend, restrict or revoke the license or impose other discipline authorized under Section 5 of the Act. The Board may assign the licensee a restricted license and impose other conditions appropriate to the circumstances and deemed necessary by the Board to maintain public confidence in the credibility and integrity of a riverboat gaming operation as required by Section 2(b) of the Act.

(Source: Added by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

SUBPART E: CRUISING ~~EXCURSIONS~~

Section 3000.500 Riverboat Cruises ~~--Time of Excursion~~
EMERGENCY

a) ~~Except--as-provided-in-this-Section-and-in-Section-3000.510,-no~~ Gaming may ~~shall~~ be conducted while a Riverboat is docked. In the event the holder of an Owner's license decides to cruise, the ~~A~~ Riverboat captain shall decide whether to cancel or disrupt a cruise.

~~b) A--Gaming--excursion--shall--be--deemed--to--have--started--upon---the commencement-of-Gaming.~~

b) ~~c)~~ For the purpose of orderly ingress of passengers to a Riverboat, in the event of a cruise, the owner licensee shall schedule the time ~~Gaming--shall--be-deemed-to-commence-when-the-first-passenger-boards-a Riverboat-for-an-excursion-and-may-continue-while-other-passengers-are boarding-for-a-period-not-to-exceed-thirty-(30)-minutes,~~ at which ~~time~~ the gangplank or its equivalent shall be raised and further boarding shall not be permitted.

c) ~~d)~~ For the purpose of orderly egress of passengers from a Riverboat at the end of a cruise ~~an-excursion~~, the holder of the Owner's license shall schedule the time at which ~~Gaming-may-continue-for-a-period-not to-exceed-thirty-(30)-minutes-after~~ the gangplank or its equivalent is lowered. ~~During--this--thirty--(30)--minute--period--of--egress,--new passengers-may-not-board-a-Riverboat.~~

d) The route any Riverboat takes during a cruise must be approved by the Board.

~~e) The-periods-of-ingress-and--egress--shall--not--extend--the--four-hour maximum-period-during-which-Gaming-may-be-conducted-during-a-Gaming~~

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

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Section 3000.510 ~~Excursions-During~~ Cancelled or Disrupted Cruises~~;-Violations and-Fines~~

a) In the event of a scheduled cruise where ~~If~~ a Riverboat captain reasonably determines that either of the following circumstances exist, he shall either not leave the dock or immediately return thereto:

1) The captain deems it unsafe to transport passengers on the waterway due to inclement weather; or

2) The Riverboat has been rendered temporarily inoperable by river icing or unforeseeable mechanical or structural difficulties. In the case of unforeseeable mechanical or structural difficulties, the holder of an Owner's license ~~license~~ shall make all reasonable effort to remedy the problem promptly.

~~b) If--a--Riverboat--captain--reasonably-determines-for-reasons-of-safety that-although-seaworthy,-the-Riverboat-should-not-leave--the--dock--or should--return--immediately--thereto,--due--to-the-above-conditions,-a Gaming-excursion-may-commence-or-continue-while-the-gangplank--or--its equivalent--is-raised-and-remains-raised,-in-which-event-the-Riverboat shall-not-be-considered-docked.--If,-due--to--any--of--the--conditions listed--in--subsection--(a)(1)--or--(a)(2),--a--Gaming--excursion-must commence-or-continue-with-the-gangplank-or-its-equivalent-raised,--and the-Riverboat-does-not-leave-the-dock,-ingress-is-prohibited-until-the completion-of-the-excursion.~~

~~c) Once--a--Riverboat-captain-has-determined-that-circumstances-set-forth above-have-occurred,-the-Riverboat-shall-not-depart-from-the-dock--for the--scheduled--excursion--or--the--remainder--of-an-excursion-period, whichever-is-applicable.~~

~~d) For-reasons--of--extraordinary--and--unforeseeable--matters--involving security,--personal--health--or--safety,--a--ship--captain-may-delay-a scheduled-departure-from-the-dock-or-return-to-the-dock-before-the-end of-the-scheduled-excursion.--During-this-disrupted--excursion--period, Gaming--may-be-conducted.--However,-no-new-Gaming-passengers-may-board during-this-disrupted-excursion-period.~~

b) ~~e)~~ If a Riverboat captain deems it necessary to take any action specified in this Section, the holder of an Owner's license ~~license~~ shall promptly file with the Administrator a report detailing the basis for such action.

~~f) Any--holder--of-an-Owner's-license-who-conducts-Gaming-in-violation-of this-Section-or-Section-3000.500-shall-be-fined-an--amount--determined as-follows:~~

~~The--number--of--admissions--for--the--gaming--excursion--in violation--as--a--percentage-of-the-total-admissions-for-the Gaming-day-multiplied-by-the--Adjusted--Gross--Receipts--for that-Gaming-day.~~

~~Repeated--violations-of-this-Section-or-Section-3000.500-may-result-in more-severe-disciplinary-action-authorized-under-Section-5-of-the-Act.~~

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(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

Section 3000.1071 Admission Tax and Wagering Tax
EMERGENCY

a) Each holder of an Owner's license ("licensee") is subject to tax liability assessment for each Gaming Day for the Admission Tax and the Wagering Tax imposed under the Act.

b) Admission and Wagering Taxes shall be paid via an electronic funds transfer system employing an Automated Clearinghouse Debit method (ACH-Debit). Each licensee shall maintain an account with sufficient funds to pay, in a timely fashion, all tax liabilities due under the Act. The account shall be maintained at a financial institution capable of making payments to the State under the electronic funds transfer requirements imposed by the State.

c) Admission and Wagering Tax liability shall be established on the basis of a Gaming Day. Each licensee shall select, with the approval of the Administrator, a 24 hour cycle to be defined as the uniform Gaming Day for that licensee. A Gaming Day may begin on one calendar day and end the next calendar day, provided that the Gaming Day does not extend beyond the uniform 24 hour period selected in advance by the licensee.

d) The Administrator shall prescribe and make available to each licensee forms, instructions and reporting requirements for Admission and Wagering Taxes. The required forms include the Daily Tax Schedules. The Daily Tax Schedules may be provided by the Administrator to licensees in computer-based format and include a computer program that, upon input by the licensee of requisite data, provides for the calculation of tax reporting information and tax liability. Daily Tax Schedules shall be completed for each Gaming Day. The monthly float adjustment shall be completed on the Daily Tax Schedule for the final Gaming Day of each month.

e) The Daily Tax Schedules must be filed with the Board no later than 12:00 noon on the Due Date. Admission and Wagering Tax payments shall be transferred electronically on the Due Date to the Board's designated financial institution by the end of that financial institution's business day ~~3:00 p.m. on the Due Date~~. For purposes of tax schedules and tax payments, the Due Date shall be defined as one bank business day after the close of the Gaming Day for which the liability is established. For example, if the Gaming Day of a licensee ends at 2:00 a.m. on a Tuesday (i.e., the end of a Gaming Day that began on Monday), the Due Date is the Wednesday which follows, unless that Wednesday is not a bank business day, in which case the subsequent bank business day is the Due Date.

f) The Admission Tax for a Gaming Day shall be calculated and imposed as provided in Section 12 of the Act. *The admission tax is imposed at a rate of $2 per person admitted. This admission tax is imposed upon the licensed owner conducting gambling. The admission tax shall be*

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paid for each admission. [230 ILCS 10/12(a)]

g) ~~For any Gaming Day that commenced on or before December 31, 1997, the Wagering Tax imposed on a licensee shall be calculated at 20% of Adjusted Gross Receipts.~~ For any Gaming Day that commences after December 31, 1997, the Wagering Tax imposed on the licensee shall be based on each calendar year's accumulated Adjusted Gross Receipts and calculated at the following graduated rates:

1) 15% of the calendar year Adjusted Gross Receipts up to and including $25,000,000;
2) 20% of the calendar year Adjusted Gross Receipts in excess of $25,000,000 but not exceeding $50,000,000;
3) 25% of the calendar year Adjusted Gross Receipts in excess of $50,000,000 but not exceeding $75,000,000;
4) 30% of the calendar year Adjusted Gross Receipts in excess of $75,000,000 but not exceeding $100,000,000; and
5) 35% of the calendar year Adjusted Gross Receipts in excess of $100,000,000.

h) Daily Tax Schedules shall include all information necessary for adjustments and reconciliation of tax liability and shall be subject to audit by the Board and its audit agents. Adjustments to previously reported tax information shall be made by the licensee, except that no adjustment of $25,000 or more shall be made to previously reported Adjusted Gross Receipts without the prior written approval of the Administrator or the Administrator's designee.

i) Any adjustment for a Gaming Day which commenced on or before December 31, 1997, shall be authorized by the Administrator or the Administrator's designee, and shall be taxed at a rate of 20% of Adjusted Gross Receipts. Any adjustment for a Gaming Day that commences after December 31, 1997, shall be taxed at the graduated tax rate applicable to the Gaming Day upon which the adjustment is effected.

j) In the event that a Daily Tax Schedule for a specific Gaming Day properly reflects a net wagering loss experienced by the licensee, an adjustment for the amount of any remaining net wagering loss (negative Adjusted Gross Receipts) shall be carried forward on the subsequent Daily Tax Schedules until such loss is offset by Gaming win (positive Adjusted Gross Receipts).

k) All Admission Taxes and Wagering Taxes paid pursuant to the requirements of the Act shall be deposited by the Board into the State Gaming Fund. The Board shall from time to time transfer excess funds in the State Gaming Fund to the Education Assistance Fund. The Board shall determine the amount of excess funds subject to transfer based upon the difference between the State Gaming Fund balance and the outstanding obligations, including any outstanding share of Admission and Wagering Taxes due to local governments, the Horse Racing Equity Fund, a home rule county with a population over 3,000,000, and the Universities Athletic Capital Improvement Fund. The Administrator will be responsible for calculating the allocation of the Admission and

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Wagering Taxes between the State and the unit of local government designated as the home dock of the Riverboat and other required allocations. Payments for Admission Taxes shall be made by the Board to units of local government quarterly, and payments for Wagering Taxes and all other payments shall be made monthly, by voucher/warrant, subject to appropriation.

l) A licensee's failure to comply with the provisions of this Section may subject the licensee to penalty and interest amounts pursuant to the Uniform Penalty and Interest Act [35 ILCS 735]. The Administrator is authorized to waive any penalty and interest for the late filing of a tax schedule or late tax payment, if the licensee can show good cause. "Good cause" shall include, but not be limited to, detection and correction of a deficiency in filing or payment that resulted from a documented inadvertent or unintentional error that was corrected within one business day of the applicable Due Date. The licensee shall be notified by the Administrator in writing of any penalty or interest payable because of a late tax schedule filing or late tax payment. The licensee may, within 10 business days after receiving the notice, file a written request for a waiver with the Administrator. The Administrator shall act on the request for waiver and notify the licensee in writing of the decision within 15 calendar days after receiving the request. If the Administrator fails to act within the 15 day period the waiver is deemed granted. If the Administrator denies the request for waiver the licensee may ask the Board for a hearing. The request for hearing must be in writing and filed not later than 15 calendar days after receipt of the notice of denial. Except as provided in this subsection (l), the provisions for hearings under Subpart D shall apply to any hearing conducted under this Section. A hearing under this Section is not a disciplinary hearing under Subpart K of this Part.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8191, effective July 2, 1999, for a maximum of 150 days)

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1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3) Section Numbers: 148.140 — Emergency Action: Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 91-0020 and Public Act 91-0024

5) Effective Date: July 1, 1999

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed with the Index Department: July 1, 1999

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency amendments are being filed pursuant to the Governor's fiscal year 2000 budget plan and the enactment of the State's budget by the Legislature under Public Act 91-0020. These changes are necessary to add clarifications concerning some Ambulatory Procedure Listing (APL) services and to specify that hospitals may bill separately, on a fee-for-service basis, for APL services delivered by certain providers of direct patient care who are salaried by the hospital. These changes are a component of the Department's overall outpatient reform measures and are necessary to insure adequate reimbursement for essential medical services. Emergency rulemaking is specifically authorized for the implementation of these reimbursement changes for fiscal year 2000 by Section 5-45 of Public Act 91-0024.

10) Complete Description of the Subjects and Issues Involved: These emergency amendments to the Department's rules concerning hospital outpatient services are necessary to provide certain reimbursement and procedural changes for services under the Ambulatory Procedure Listing (APL) groupings as required by Public Act 91-0020, effective July 1, 1999. The revisions add clarifications about rates of payment for outpatient rehabilitation services provided by hospitals enrolled with the Department to provide inpatient physical rehabilitation services, and hospitals that are not enrolled to provide such services, and specify that reimbursement for each APL grouping shall be at an all-inclusive rate regardless of the hospital charges. Other changes allow hospitals to bill the Department separately, on a fee-for-service basis, for the professional services of certain providers of APL care who are salaried by the hospital. These changes will allow for parity by providing necessary reimbursement to

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hospitals since unsalaried providers are able to bill directly for their services, enabling the hospital to fully retain APL reimbursements. These emergency changes are a component of the Department's overall outpatient reform measures and are necessary to insure adequate reimbursement for essential medical services.

These emergency amendments concerning outpatient services are expected to result in a budgetary increase of $65.6 million for fiscal year 2000.

11) Are there any other amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
148.140	Amendment	July 2, 1999 (23 Ill. Reg. 7475)

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any State mandates affecting units of local government.

13) Information and questions regarding these amendments shall be directed to:

Joanne Jones
Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217) 524-0081

The full text of the emergency amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 148
HOSPITAL SERVICES

Section

148.10 Hospital Services
148.20 Participation
148.25 Definitions and Applicability
148.30 General Requirements
148.40 Special Requirements
148.50 Covered Hospital Services
148.60 Services Not Covered as Hospital Services
148.70 Limitation On Hospital Services
148.80 Organ Transplants Services Covered Under Medicaid (Repealed)
148.82 Organ Transplant Services
148.90 Heart Transplants (Repealed)
148.100 Liver Transplants (Repealed)
148.110 Bone Marrow Transplants (Repealed)
148.120 Disproportionate Share Hospital (DSH) Adjustments
148.130 Outlier Adjustments for Exceptionally Costly Stays
148.140 Hospital Outpatient and Clinic Services
EMERGENCY
148.150 Public Law 103-66 Requirements
148.160 Payment Methodology for County-Owned Hospitals in an Illinois County with a Population of Over Three Million
148.170 Payment Methodology for Hospitals Organized Under the University of Illinois Hospital Act
148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals Organized Under the Town Hospital Act
148.180 Payment for Pre-operative Days, Patient Specific Orders, and Services Which Can Be Performed in an Outpatient Setting
148.190 Copayments
148.200 Alternate Reimbursement Systems
148.210 Filing Cost Reports
148.220 Pre September 1, 1991 Admissions
148.230 Admissions Occurring on or after September 1, 1991
148.240 Utilization Review and Furnishing of Inpatient Hospital Services Directly or Under Arrangements
148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
148.260 Calculation and Definitions of Inpatient Per Diem Rates
148.270 Determination of Alternate Cost Per Diem Rates for All Hospitals; Payment Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other Hospitals
148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals Reimbursed Under Special Arrangements

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148.285 Excellence in Academic Medicine Payments
148.290 Adjustments and Reductions to Total Payments
148.295 Critical Hospital Adjustment Payment (CHAP)
148.296 Supplemental Critical Hospital Adjustment Payments (SCHAP)
148.297 Pediatric Outpatient Adjustment Payments
148.298 Pediatric Inpatient Adjustment Payments
148.300 Payment
148.310 Review Procedure
148.320 Alternatives
148.330 Exemptions
148.340 Subacute Alcoholism and Substance Abuse Treatment Services
148.350 Definitions
148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services
148.368 Volume Adjustment (Repealed)
148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services
148.380 Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services
148.390 Hearings
148.400 Special Hospital Reporting Requirements

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI, and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17

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Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997,for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 8213, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days.

Section 148.140 Hospital Outpatient and Clinic Services
EMERGENCY

a) Fee-For-Service Reimbursement
   1) Reimbursement for hospital outpatient services shall be made on a fee-for-service basis, except for:
      A) Those services that meet the definition of the Ambulatory Procedure Listing (APL) as described in subsection (b) of this Section.
      B) End stage renal disease treatment (ESRDT) services, as described in subsection (c) of this Section.
      C) Those services provided by a Certified Pediatric Ambulatory

Care Center (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D).

D) Those services provided by a Critical Clinic Provider as described in subsection (e) of this Section.

2) Except for the procedures under the APL groupings described in subsection (b) of this Section, fee-for-service ~~Fee-for-service~~ reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.

3) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rate described in subsection (a)(2) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in subsection (a)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

4) Maternal and Child Health Program rates, as described in 89 Ill. Adm. Code 140 Table M, shall be paid to Certified Hospital Ambulatory Primary Care Centers (CHAPCC), as described in 89 Ill. Adm. Code 140.461(f)(1)(A) and Section 148.25(b)(5)(A), Certified Hospital Organized Satellite Clinics (CHOSC), as described in 89 Ill. Adm. Code 140.461(f)(1)(B) and Section 148.25(b)(5)(B), and Certified Obstetrical Ambulatory Care Centers (COBACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(C) and Section 148.25(b)(5)(C). Maternal and Child Health Program rates shall also be paid to Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), for covered services as described in 89 Ill. Adm. Code 140.462(e)(3), that are provided to non-assigned Maternal and Child Health Program clients, as described in 89 Ill. Adm. Code 140.464(b)(1).

5) Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), shall be reimbursed in accordance with 89 Ill.

Adm. Code 140.464(b)(2) for assigned clients.

6) Hospitals described in Sections 148.25(b)(2)(A) and 148.25(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

7) With the exception of the retrospective adjustment described in subsection (a)(3) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this Section.

b) Ambulatory Procedure Listing (APL)

Effective July 1, 1998, the Department will reimburse hospitals for certain hospital outpatient procedures as described in subsection (b)(1) of this Section.

1) APL Groupings

Under the APL, a list was developed that defines those technical procedures that require the use of the hospital outpatient setting, its technical staff or equipment. These procedures are separated into separate groupings based upon the complexity and historical costs of the procedures. The groupings are as follows:

A) Surgical Groups

i) Surgical group 1(a) consists of intense surgical procedures. Group 1(a) surgeries require an operating suite with continuous patient monitoring by anesthesia personnel. This level of service involves advanced specialized skills and highly technical operating room personnel using high technology equipment.

ii) Surgical group 1(b) consists of moderately intense surgical procedures. Group 1(b) surgeries generally require the use of an operating room suite or an emergency room treatment suite, along with continuous monitoring by anesthesia personnel and some specialized equipment.

iii) Surgical group 1(c) consists of low intensity surgical procedures. Group 1(c) surgeries may be done in an operating suite or an emergency room and require relatively brief operating times. Such procedures may be performed for evaluation or diagnostic reasons.

iv) Surgical group 1(d) consists of surgical procedures of very low intensity. Group 1(d) surgeries may be done in an operating room or emergency room, have a low risk of complications, and include some physician-administered diagnostic and therapeutic procedures.

B) Diagnostic and Therapeutic Groups

i) Diagnostic and therapeutic group 2(a) consists of advanced or evolving technologically complex diagnostic or therapeutic procedures. Group 2(a) procedures are typically invasive and must be

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administered by a physician.

ii) Diagnostic and therapeutic group 2(b) consists of technologically complex diagnostic and therapeutic procedures that are typically non-invasive. Group 2(b) procedures typically include radiological consultation or a diagnostic study.

iii) Diagnostic and therapeutic group 2(c) consists of other diagnostic tests. Group 2(c) procedures are generally non-invasive and may be administered by a technician and monitored by a physician.

iv) Diagnostic and therapeutic group 2(d) consists of therapeutic procedures. Group 2(d) procedures typically involve parenterally administered therapeutic agents. Either a nurse or a physician is likely to perform such procedures.

C) Group 3 reimbursement for services provided in a hospital emergency department will be made in accordance with one of the three levels described below. Emergency Services mean those services that are for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect that the absence of immediate attention would result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The determination of the level of service reimbursable by the Department shall be based upon the circumstances at the time of the initial examination, not upon the final determination of the client's actual condition, unless the actual condition is more severe.

i) Emergency Level I refers to Emergency Services provided in the hospital's emergency department for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries that pose an immediate significant threat to life or physiologic function or requires an intense level of physician or nursing intervention. An "intense level" is defined as more than two hours of documented one-on-one nursing care or interactive treatment.

ii) Emergency Level II refers to Emergency Services that do not meet the above definition of Emergency Level I care, but that are provided in the hospital emergency department for a medical condition manifesting itself by acute symptoms of sufficient severity.

iii) Non-Emergency/Screening Level means those services provided in the hospital emergency department that do

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not meet the requirements of Emergency Level I or II stated above. For such care, the Department will reimburse the hospital either applicable current FFS rates for the services provided or a screening fee, but not both. ~~The reimbursement rate for the screening fee will be the same as the current applicable rate for procedure code 99282 (emergency department visit, as specified in the Physicians Current Procedural Terminology, fourth edition (CPT-4)).~~

D) Group 4 for observation services is established to reimburse such services that are provided when a patient's current condition does not warrant an inpatient admission but does require an extended period of observation in order to evaluate and treat the patient in a setting that provides ancillary resources for diagnosis or treatment with appropriate medical and skilled nursing care. The hospital may bill for both observation and other APL procedures but will be reimbursed only for the procedure (group) with the highest reimbursement rate. Observation services will be reimbursed under one of three categories: at least 60 minutes but less than six hours and 31 minutes of services; at least six hours and 31 minutes but less than 12 hours and 31 minutes of services; or 12 hours and 31 minutes or more of services.

E) Group 5 for psychiatric treatment services is established to reimburse for certain outpatient treatment psychiatric services that are provided by a hospital that is enrolled with the Department to provide inpatient psychiatric services. Under this group, the Department will reimburse, at different rates, Type A and Type B Psychiatric Clinic Services, as defined in Section 148.40(d)(2) and the Illinois Medicaid State Plan.

F) Group 6 for physical rehabilitation services is established to reimburse for certain outpatient physical rehabilitation services ~~that are provided by a hospital that is enrolled with the Department to provide inpatient physical rehabilitation services~~. Under this group, the Department will reimburse for services provided by a hospital enrolled with the Department to provide inpatient physical rehabilitation services at a different rate than will be reimbursed for physical rehabilitation services provided by a hospital that is not enrolled with the Department to provide physical rehabilitation services.

2) Each of the groups described in subsection (b)(1) of this Section will be reimbursed by the Department considering the following:

A) ~~With the exception of county-owned hospitals located in an Illinois county with a population greater than three~~

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~~million,--and--hospitals-not-required-to-file-an-annual-cost report-with-the-Department-as-specified-in-Section--148.210, reimbursement--rates--for--each--of-the-reimbursement-groups described-above-shall-be-the-lesser-of:~~

~~i) the-hospital's-charge-to-the-general-public;-or~~

~~ii) rates-established-by-the-Department.~~

B~~)~~ For county-owned hospitals in an Illinois county with a population greater than three million, reimbursement rates for each of the reimbursement groups shall be specified by the Department. However, such rates shall be no lower than the rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services is calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

B)~~C)~~ Reimbursement rates for hospitals not required to file an annual cost report with the Department may be lower than those listed above.

C)~~B)~~ Reimbursement for each APL group described in this subsection (b) shall be all-inclusive for all services provided by the hospital, regardless of the amount charged by a hospital ~~The-rate-for-each-group-is--all-inclusive--for services----provided---by---the---hospital~~. No separate reimbursement will be made for ancillary services or the services of hospital personnel. Exceptions to this provision are ~~The-one-exception-is~~ that hospitals shall be allowed to bill separately, on a fee-for-service basis, for professional outpatient services of a physician providing direct patient care ~~physicians~~ who is ~~are~~ salaried by the hospital, and occupational or speech therapy services provided in conjunction with rehabilitation services as described in subsection (b)(1)(F) of this Section ~~who provide-Emergency-level-I-or-II-services--in--the--emergency department.~~ For the purposes of this Section, a salaried physician is a physician who is salaried by the hospital; a physician who is reimbursed by the hospital through a contractual arrangement to provide direct patient care; or a group of physicians with a financial contract to provide emergency department care. Under APL reimbursement, salaried physicians do not include radiologists, pathologists, nurse practitioners, or certified registered nurse anesthetists and no separate reimbursement will be allowed for such providers.

3) The assignment of procedure codes to each of the reimbursement groups in subsection (b)(1) of this Section are detailed in the

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Department's Hospital Handbook and in notices to providers.

4) County Facility Outpatient Adjustment

A) Effective for services provided on or after July 1, 1995, county owned hospitals in an Illinois county with a population of over three million shall be eligible for a county facility outpatient adjustment payment. This adjustment payment shall be in addition to the amounts calculated under this Section and are calculated as follows:

i) Beginning with July 1, 1995, hospitals under this subsection shall receive an annual adjustment payment equal to total base year hospital outpatient costs trended forward to the rate year minus total estimated rate year hospital outpatient payments, multiplied by the resulting ratio derived when the value 200 is divided by the quotient of the difference between total base year hospital outpatient costs trended forward to the rate year and total estimated rate year hospital outpatient payments divided by one million.

ii) The county facility outpatient adjustment under this subsection shall be made on a quarterly basis.

B) County Facility Outpatient Adjustment Definition. The definitions of terms used with reference to calculation of the county facility outpatient adjustment are as follows:

i) "Base Year" means the most recently completed State fiscal year.

ii) "Rate Year" means the State fiscal year during which the county facility adjustment payments are made.

iii) "Total Estimated Rate Year Hospital Outpatient Payments" means the Department's total estimated outpatient date of service liability, projected for the upcoming rate year.

iv) "Total Hospital Outpatient Costs" means the statewide sum of all hospital outpatient costs derived by summing each hospital's outpatient charges derived from actual paid claims data multiplied by the hospital's cost-to-charge ratio.

5) No Year-End Reconciliation

With the exception of the retrospective rate adjustment described in subsection (b)(7) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (b).

6) Rate Adjustments

With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in subsection (b)(4) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in subsection (b)(4) of

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this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

7) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals reimbursed under the Ambulatory Care Program in the same manner as to encounter rate hospitals and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

8) Hospitals described in Section 148.25(b)(2)(A) and (b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

c) Payment for outpatient end-stage renal disease treatment (ESRDT) services provided pursuant to Section 148.40(c) shall be made at the Department's payment rates, as follows:

1) For inpatient hospital services provided pursuant to Section 148.40(c)(1), the Department shall reimburse hospitals pursuant to Sections 148.240 through 148.300 and 89 Ill. Adm. Code 149.

2) For outpatient services or home dialysis treatments provided pursuant to Section 148.40(c)(2) or(c)(3), the Department will reimburse hospitals and clinics for ESRDT services at a rate which will reimburse the provider for the dialysis treatment and all related supplies and equipment, as defined in 42 CFR 405.2163 (1994). This rate will be that rate established by Medicare pursuant to 42 CFR 405.2124 and 413.170 (1994).

3) Payment for non-routine services. For services which are provided during outpatient or home dialysis treatment pursuant to Section 148.40(c)(2) or(c)(3) but are not defined as a routine service under 42 CFR 405.2163 (1994), separate payment will be made to independent laboratories, pharmacies, and medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.450, and 140.475 through 140.481, respectively.

4) Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400.

5) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in this subsection (c) shall be adjusted on a retrospective basis. The

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retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in this subsection (c) shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

6) With the exception of the retrospective rate adjustment described in subsection (c)(5) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (c).

7) Hospitals described in Section 148.25(b)(2)(A) and(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

d) Non Hospital Based Clinic Reimbursement

1) County-Operated Outpatient Facility Reimbursement

Reimbursement for all services provided by county-operated outpatient facilities, as described in Section 148.25(b)(2)(C), that do not qualify as either a Maternal and Child Health Program Managed Care clinics, as described in 89 Ill. Adm. Code 140.461(f), or as a Critical Clinic Provider, as described in subsection (e) of this Section, shall be on an all-inclusive per encounter rate basis as follows:

A) Base Rate. The per encounter base rate shall be calculated as follows:

i) Allowable direct costs shall be divided by the number of direct encounters to determine an allowable cost per encounter delivered by direct staff.

ii) The resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section, shall be multiplied by the Medicare allowable overhead rate factor to calculate the overhead cost per encounter.

iii) The resulting product, as calculated in subsection (d)(1)(A)(ii) of this Section, shall be added to the resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section to determine the per encounter base rate.

iv) The resulting sum, as calculated in subsection (d)(1)(A)(iii) of this Section, shall be the per encounter base rate.

B) Supplemental Rate

i) The supplemental service cost shall be divided by the total number of direct staff encounters to determine the direct supplemental service cost per encounter.

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ii) The supplemental service cost shall be multiplied by the allowable overhead rate factor to calculate the supplemental overhead cost per encounter.

iii) The quotient derived in subsection (d)(1)(B)(i) of this Section, shall be added to the product derived in subsection (d)(1)(B)(ii) of this Section, to determine the per encounter supplemental rate.

iv) The resulting sum, as described in subsection (d)(1)(B)(iii) of this Section, shall be the per encounter supplemental rate.

C) Final Rate

i) The per encounter base rate, as described in subsection (d)(1)(A)(iv) of this Section, shall be added to the per encounter supplemental rate, as described in subsection (d)(1)(B)(iv) of this Section, to determine the per encounter final rate.

ii) The resulting sum, as determined in subsection (d)(1)(C)(i) of this Section, shall be the per encounter final rate.

iii) The per encounter final rate, as described in subsection (d)(1)(C)(ii) of this Section, shall be adjusted in accordance with subsection (d)(2) of this Section.

2) Rate Adjustments

Rate adjustments to the per encounter final rate, as described in subsection (d)(1)(C)(iii) of this Section, shall be calculated as follows:

A) The reimbursement rates described in subsections (d)(1)(A) through (d)(1)(C) and (e)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

C) The final rate described in subsection (d)(1)(C) of this Section shall be no less than $147.09 per encounter.

3) County-operated outpatient facilities, as described in Section 148.25(b)(2)(C), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (d).

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4) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to encounter rate hospitals in the same manner as to hospitals reimbursed under the Ambulatory Care Program and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

e) Critical Clinic Providers

1) Effective for services provided on or after September 27, 1997, a clinic owned or operated by a county with a population of over three million, that is within or adjacent to a hospital, shall qualify as a Critical Clinic Provider if the facility meets the efficiency standards established by the Department. The Department's efficiency standards under this subsection (e) require that the quotient of total encounters per facility fiscal year for the Critical Clinic Provider divided by total full time equivalent physicians providing services at the Critical Clinic Provider shall be greater than:

A) 2700 for reimbursement provided during the facility's cost reporting year ending during 1998,

B) 2900 for reimbursement provided during the facility's cost reporting year ending during 1999,

C) 3100 for reimbursement provided during the facility's cost reporting year ending during 2000,

D) 3600 for reimbursement provided during the facility's cost reporting year ending during 2001, and

E) 4200 for reimbursement provided during the facility's cost reporting year ending during 2002.

2) Reimbursement for all services provided by any Critical Clinic Provider shall be on an all-inclusive per-encounter rate which shall equal reported direct costs of Critical Clinic Providers for each facility's cost reporting period ending in 1995, and available to the Department as of September 1, 1997, divided by the number of Medicaid services provided during that cost reporting period as adjudicated by the Department through July 31, 1997.

3) Critical Clinic Providers, as described in this subsection (e), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (e).

4) The reimbursement rates described in this subsection (e) shall be no less than the reimbursement rates in effect on July 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most

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recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days)

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1) Heading of the Part: Long Term Care Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 153

3) Section Numbers: Emergency Action:
153.100 Amendment
153.125 Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 91-0020 and Public Act 91-0024

5) Effective Date: July 1, 1999

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed with the Index Department: July 1, 1999

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency amendments are being filed pursuant to the Governor's fiscal year 2000 budget plan and the enactment of the State's budget by the Legislature. Under Public Act 91-0020 and Public Act 91-0024, providers of long term care services, including developmental training services, will receive rate increases beginning July 1, 1999. Additionally, rate changes are provided to reflect changes in resident population levels regarding ICF/MR services. Emergency rulemaking is specifically authorized for the implementation of these reimbursement changes for fiscal year 2000 by Section 5-45 of Public Act 91-0024.

10) Complete Description of the Subjects and Issues Involved: These emergency amendments to the Department's rules regarding long term care reimbursement are necessary to provide certain reimbursement increases as required under Public Act 91-0020 and Public Act 91-0024.

Emergency changes in Section 153.100 provide for interim inspections of care (IOC) for intermediate care facilities for persons with developmental disabilities (ICF/MR), upon the facility's written request, if there has been a change in the resident population of a least 25 percent. Similar provisions are allowed for providers of developmental training services. These changes will provide for equitable rates relative to resident population levels.

Emergency changes to Section 153.125 provide for rate increases for

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nursing facilities (SNF/ICF) and ICF/MR facilities. These long term care facilities, as well as developmental training agencies, will receive an increase of 1.6 percent for services provided on or after July 1, 1999. For ICF/MR facilities, rates shall be increased by an additional $3.00 per resident day, and for developmental training services, rates shall be increased by an additional $10.02 per person, per month.

The Department anticipates a budgetary increase of $25.5 million for fiscal year 2000 as a result of these changes affecting nursing facilities.

For the Department of Human Services, the changes affecting ICF/MR services are expected to result in an increase of $12 million for fiscal year 2000.

11) Are there any other amendments pending on this Part: No

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any state mandates affecting units of local government.

13) Information and questions regarding this amendment shall be directed to:

Joanne Jones
Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217) 524-0081

The full text of the emergency amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 153
LONG TERM CARE REIMBURSEMENT CHANGES

Section
153.100 Reimbursement for Long Term Care Services
EMERGENCY
153.125 Long Term Care Facility Rate Adjustment
EMERGENCY
153.150 Quality Assurance Review (Repealed)

AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, and VI and 12-13] and implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8220, effective July 1, 1999, for a maximum of 150 days.

Section 153.100 Reimbursement for Long Term Care Services
EMERGENCY

a) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 140, 144 and 147 for reimbursement of long term care services, effective January 18, 1994, reimbursement rates for long term care facilities (SNF/ICF and ICF/MR) and day training providers will remain at the levels in effect on January 18, 1994, except as otherwise provided in this Section.

b) The results of Inspection of Care (IOC) surveys for which the exit conference is completed prior to January 18, 1994, will be processed and reflected in facility rates effective with the annual nursing rate adjustment date. The reconsideration process which is provided for in

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89 Ill. Adm. Code 147.100 remains in effect for these surveys and other surveys set forth in this Section.

c) Capital and support rates in effect on January 18, 1994, will be adjusted based on final audits of cost report data in accordance with 89 Ill. Adm. Code 140.582(b) and 140.590.

d) Capital rates will be increased for major capital improvements in accordance with 89 Ill. Adm. Code 140.560(c) and (e).

e) New facilities which are assigned median rates in accordance with 89 Ill. Adm. Code 140.560(b) will have rates recalculated based upon receipt of their first cost report and first IOC survey.

f) Rates may change based upon an interim IOC conducted at the facility's written request for any facility which changed ownership no earlier than 90 days prior to and not later than January 18, 1994. The interim IOC request must include justification and documentation which supports one of the criteria set forth in 89 Ill. Adm. Code 147.150(d).

g) Requests for interim IOCs received through January 18, 1994, will be processed in accordance with 89 Ill. Adm. Code 147.150(d).

h) Interim IOCs may be conducted, at the facility's written request, if there has been a change in the Medicaid census since the last IOC survey in accordance with 89 Ill. Adm. Code 147.150(d), except that the requirement that the request must be made within 180 days after the last IOC, need not be met. The written request must contain documentation supporting the change in Medicaid census.

i) The Department reserves the right to initiate interim IOC surveys, if necessary, based upon a significant reduction in the level of resident care or for the health and safety concerns of residents.

j) Any rate adjustments that result from an interim IOC conducted under this Section will have an effective date of the first day of the month following the exit date of the interim IOC.

k) Requests for IOCs upon which rate determinations are based upon a Medicaid resident being transferred from a State operated ~~developmentally--disabled~~ facility for persons with developmental disabilities to a community setting will be considered on a case-by-case basis.

l) Fiscal year 1996 support rates may change based on the first cost report filed by new ownership reflecting six months or more of the new ownership's operation for any facility which changed ownership between July 1, 1992, and January 18, 1994. Only changes in ownership in arms-length transactions between unrelated parties will be recognized for this rate change. The new support rate for those facilities will be calculated in accordance with 89 Ill. Adm. Code 140.560 and 140.561. Support rates for facilities which qualify under this exception will not be decreased by the provisions in this Section. The capital rates of facilities which changed ownership between July 1, 1992, and January 18, 1994, will not be subject to changes in the capital rate based on the provisions of 89 Ill. Adm. Code 140.571(b)(4), but can still be affected by the provisions of

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subsection (d) of this Section.

m) For those for-profit facilities whose fiscal year 1994 capital rate does not include a real estate tax component because it is based upon a non-profit facility's cost report, effective July 1, 1995, the real estate tax component will be added to the capital rate based upon the fiscal year 1994 median real estate tax rate for the geographic area in which the home is located.

n) If a non-profit facility changes ownership on or after July 1, 1995, and the new owner is a for-profit facility, the real estate tax component will be added to the capital rate effective with the change of ownership as recognized by the Illinois Department of Public Health. The real estate tax component will be added at the geographic area median tax rate in effect for the month in which the real estate tax becomes effective.

o) For those non-profit facilities whose fiscal year 1994 capital rate includes a real estate tax component based upon a for-profit facility's cost report, effective July 1, 1995, the real estate tax component of the capital rate will be removed (unless the non-profit facility rents the home from an unrelated for-profit entity).

p) If a for-profit facility changes ownership on or after July 1, 1995, and the new owner is a non-profit facility, the real estate tax component will be removed from the capital rate effective with the date of change in ownership as recognized by the Illinois Department of Public Health. The real estate tax component will not be removed for a non-profit facility that rents the facility from an unrelated for-profit entity.

q) Rates may change based upon verification of the delivery or non-delivery of psychiatric rehabilitation services to individuals with mental illness residing in nursing facilities. Psychiatric rehabilitation services program reimbursement will be dependent upon the facility meeting all criteria specified in 89 Ill. Adm. Code 147.300 through 147.345.

r) The flat per diem paid to ICFs/MR to cover the cost of non-emergency dental services pursuant to 89 Ill. Adm. Code 144.275 and 144.300 will be increased from $.30 to $.40.

s) Day training provider rates shall be increased by three percent for services provided on or after July 1, 1996.

t) Effective for services provided on or after July 1, 1996, facilities which are located in an area which has changed geographic designation due to unique labor force factors shall have rates recalculated based upon the ceilings and norms of the newly designated geographic area.

u) The add-on to the final nursing rate for care planning identified in 89 Ill. Adm. Code 147.205 will be increased from $.35 to $.45.

v) Long term care facilities that have been assigned a median tax rate on the basis of geographic area in accordance with 89 Ill. Adm. Code 140.560(b) and subsections (m) and (n) of this Section shall subsequently have those rates recalculated based upon the first full tax bill received by that facility. The revised rate will be the

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greater of the recalculated rate or the rate in effect from the aforementioned Section and subsections. Rates revised in accordance with this subsection shall result in payments retroactive to July 1, 1997, for those facilities whose first full tax bill is received by the Department no later than September 30, 1998. Rates for facilities whose first full tax bill is received after September 30, 1998, will be effective on the date the Department receives the first full tax bill. In order to calculate the potential tax rate, the real estate tax from the first full tax bill for the long term care property will be divided by the greater of the annualized capital days (see 89 Ill. Adm. Code 140.570(b)(3)) from the cost report used to calculate the remainder of the capital rate in accordance with 89 Ill. Adm. Code 140.570 through 140.574, or 93 percent of annualized bed days based upon the number of licensed beds available at the end of the period covered by the tax bill. No inflation factor will be used for this calculation.

w) Interim IOCs may be conducted in an ICF/MR, at the facility's written request, if there has been a change in the resident population of at least 25 percent since the last IOC of care used to set the rate. A facility is limited to one request in any 12 month period. The rate effective date will be the first day of the month following the month of the facility's written request. The written request must contain documentation supporting the change in the resident population.

x) Interim IOCs may be conducted for developmental training services when the population of an ICF/MR changes by at least 25 percent since the last IOC used to set the rate. The ICF/MR is limited to one request in any 12 month period. The rate effective date will be the first day of the month following the month of the facility's written request. Documentation must be submitted supporting the change in the resident population.

y) Rates shall be adjusted for an ICF/MR entering into a downsizing agreement with the Department of Human Services under the provisions of 89 Ill. Adm. Code 140.560, with the rate effective on the date a benchmark for such downsizing is achieved.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days)

Section 153.125 Long Term Care Facility Rate Adjustment
EMERGENCY

a) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates established on July 1, 1996, shall be increased by 6.8 percent for services provided on or after January 1, 1997.

b) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and day training rates established on July 1, 1998, for services provided on or after that

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date, shall be increased by three percent. For nursing facilities (SNF/ICF) only, $1.10 shall also be added to the nursing component of the rate.

c) Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and developmental training rates established on July 1, 1999, for services provided on or after that date, shall be increased as follows:

1) SNF/ICF, ICF/MR and day training rates shall be increased by 1.6 percent;

2) ICR/MR rates shall be increased an additional $3.00 per resident day; and

3) developmental training rates shall be increased an additional $10.02 per person, per month.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days)

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NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3)

Section Numbers:	Emergency Action:
140.3	Amendment
140.5	Amendment
140.420	Amendment
140.421	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], Public Act 91-0020 and Public Act 91-0024

5) Effective Date: July 1, 1999

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date filed with the Index Department: July 1, 1999

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency amendments are being filed pursuant to the Governor's fiscal year 2000 budget plan and the enactment of the State's budget by the Legislature under Public Act 91-0020. The amendments establish optional services under Medicaid to include dental, chiropractic and podiatric care, and optical services and supplies. Emergency rulemaking is specifically authorized for the implementation of these reimbursement changes for fiscal year 2000 by Section 5-45 of Public Act 91-0024.

10) Complete Description of the Subjects and Issues Involved: These emergency amendments to the Department's rules on medical payment establish coverage under the Medical Assistance Program for certain medical services for recipients age 21 years or more. This new coverage pertains to optional services under Medicaid including dental care, chiropractic care, podiatric care and optical services and supplies. These changes are being made pursuant to the implementation of the Department's fiscal year 2000 budget plan, as enacted under Public Act 91-0020.

These emergency amendments were preceded by an identical proposed rulemaking that was published on June 25, 1999, at 23 Ill. Reg. 7198.

This additional medical coverage is expected to result in an expenditure

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of approximately $22.3 million during fiscal year 2000.

11) Are there any other amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation	
140.3	Amendment	June 25, 1999	(23 Ill. Reg. 7198)
140.5	Amendment	June 25, 1999	(23 Ill. Reg. 7198)
140.420	Amendment	June 25, 1999	(23 Ill. Reg. 7198)
140.421	Amendment	June 25, 1999	(23 Ill. Reg. 7198)
140.461	Amendment	January 4, 1999	(23 Ill. Reg. 128)
140.462	Amendment	January 4, 1999	(23 Ill. Reg. 128)
140.463	Amendment	April 9, 1999	(23 Ill. Reg. 4203)
140.466	Amendment	April 9, 1999	(23 Ill. Reg. 4203)

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any state mandates affecting units of local government.

13) Information and questions regarding this amendment shall be directed to:

Name: Joanne Jones
Address: Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
Telephone: (217) 524-0081

The full text of the emergency amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section
140.1 Incorporation By Reference
140.2 Medical Assistance Programs
140.3 Covered Services Under Medical Assistance Programs
EMERGENCY
140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
140.5 Covered Medical Services Under General Assistance
EMERGENCY
140.6 Medical Services Not Covered
140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
140.8 Medical Assistance For Qualified Severely Impaired Individuals
140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
140.10 Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section
140.11 Enrollment Conditions for Medical Providers
140.12 Participation Requirements for Medical Providers
140.13 Definitions
140.14 Denial of Application to Participate in the Medical Assistance Program
140.15 Recovery of Money
140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.18 Effect of Termination on Individuals Associated with Vendor
140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
140.20 Submittal of Claims
140.21 Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)
140.22 Magnetic Tape Billings
140.23 Payment of Claims
140.24 Payment Procedures

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140.25 Overpayment or Underpayment of Claims
140.26 Payment to Factors Prohibited
140.27 Assignment of Vendor Payments
140.28 Record Requirements for Medical Providers
140.30 Audits
140.31 Emergency Services Audits
140.32 Prohibition on Participation, and Special Permission for Participation
140.33 Publication of List of Terminated, Suspended or Barred Entities
140.35 False Reporting and Other Fraudulent Activities
140.40 Prior Approval for Medical Services or Items
140.41 Prior Approval in Cases of Emergency
140.42 Limitation on Prior Approval
140.43 Post Approval for items or Services When Prior Approval Cannot Be Obtained
140.55 Recipient Eligibility Verification (REV) System
140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72 Drug Manual (Recodified)
140.73 Drug Manual Updates (Recodified)

SUBPART C: PROVIDER ASSESSMENTS

Section
140.80 Hospital Provider Fund
140.82 Developmentally Disabled Care Provider Fund
140.84 Long Term Care Provider Fund
140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
140.95 Hospital Services Trust Fund
140.96 General Requirements (Recodified)
140.97 Special Requirements (Recodified)
140.98 Covered Hospital Services (Recodified)
140.99 Hospital Services Not Covered (Recodified)
140.100 Limitation On Hospital Services (Recodified)
140.101 Transplants (Recodified)
140.102 Heart Transplants (Recodified)
140.103 Liver Transplants (Recodified)
140.104 Bone Marrow Transplants (Recodified)
140.110 Disproportionate Share Hospital Adjustments (Recodified)
140.116 Payment for Inpatient Services for GA (Recodified)
140.117 Hospital Outpatient and Clinic Services (Recodified)
140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203 Limits on Length of Stay by Diagnosis (Recodified)
140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)

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140.350 Copayments (Recodified)
140.360 Payment Methodology (Recodified)
140.361 Non-Participating Hospitals (Recodified)
140.362 Pre July 1, 1989 Services (Recodified)
140.363 Post June 30, 1989 Services (Recodified)
140.364 Prepayment Review (Recodified)
140.365 Base Year Costs (Recodified)
140.366 Restructuring Adjustment (Recodified)
140.367 Inflation Adjustment (Recodified)
140.368 Volume Adjustment (Repealed)
140.369 Groupings (Recodified)
140.370 Rate Calculation (Recodified)
140.371 Payment (Recodified)
140.372 Review Procedure (Recodified)
140.373 Utilization (Repealed)
140.374 Alternatives (Recodified)
140.375 Exemptions (Recodified)
140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391 Definitions (Recodified)
140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section
140.400 Payment to Practitioners, Nurses and Laboratories
140.410 Physicians' Services
140.411 Covered Services By Physicians
140.412 Services Not Covered By Physicians
140.413 Limitation on Physician Services
140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians
140.416 Optometric Services and Materials
140.417 Limitations on Optometric Services
140.418 Department of Corrections Laboratory
140.420 Dental Services
EMERGENCY
140.421 Limitations on Dental Services
EMERGENCY
140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy Items - Dentists
140.425 Podiatry Services

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140.426 Limitations on Podiatry Services
140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items - Podiatry
140.428 Chiropractic Services
140.429 Limitations on Chiropractic Services (Repealed)
140.430 Independent Clinical Laboratory Services
140.431 Services Not Covered by Independent Clinical Laboratories
140.432 Limitations on Independent Clinical Laboratory Services
140.433 Payment for Clinical Laboratory Services
140.434 Record Requirements for Independent Clinical Laboratories
140.435 Nurse Services
140.436 Limitations on Nurse Services
140.438 Imaging Centers
140.440 Pharmacy Services
140.441 Pharmacy Services Not Covered
140.442 Prior Approval of Prescriptions
140.443 Filling of Prescriptions
140.444 Compounded Prescriptions
140.445 Legend Prescription Items (Not Compounded)
140.446 Over-the-Counter Items
140.447 Reimbursement
140.448 Returned Pharmacy Items
140.449 Payment of Pharmacy Items
140.450 Record Requirements for Pharmacies
140.451 Prospective Drug Review and Patient Counseling
140.452 Mental Health Clinic Services
140.453 Definitions
140.454 Types of Mental Health Clinic Services
140.455 Payment for Mental Health Clinic Services
140.456 Hearings
140.457 Therapy Services
140.458 Prior Approval for Therapy Services
140.459 Payment for Therapy Services
140.460 Clinic Services
140.461 Clinic Participation, Data and Certification Requirements
140.462 Covered Services in Clinics
140.463 Clinic Service Payment
140.464 Healthy Moms/Healthy Kids Managed Care Clinics (Repealed)
140.465 Speech and Hearing Clinics (Repealed)
140.466 Rural Health Clinics
140.467 Independent Clinics
140.469 Hospice
140.470 Home Health Services
140.471 Home Health Covered Services
140.472 Types of Home Health Services
140.473 Prior Approval for Home Health Services
140.474 Payment for Home Health Services
140.475 Medical Equipment, Supplies and Prosthetic Devices

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140.476 Medical Equipment, Supplies and Prosthetic Devices for Which Payment Will Not Be Made
140.477 Limitations on Equipment, Supplies and Prosthetic Devices
140.478 Prior Approval for Medical Equipment, Supplies and Prosthetic Devices
140.479 Limitations, Medical Supplies
140.480 Equipment Rental Limitations
140.481 Payment for Medical Equipment, Supplies and Prosthetic Devices
140.482 Family Planning Services
140.483 Limitations on Family Planning Services
140.484 Payment for Family Planning Services
140.485 Healthy Kids Program
140.486 Limitations on Medichek Services (Repealed)
140.487 Healthy Kids Program Timeliness Standards
140.488 Periodicity Schedule, Immunizations and Diagnostic Laboratory Procedures
140.490 Medical Transportation
140.491 Limitations on Medical Transportation
140.492 Payment for Medical Transportation
140.493 Payment for Helicopter Transportation
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140.496 Payment for Psychological Services
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SUBPART E: GROUP CARE

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140.503 Cessation of Payment for Improper Level of Care
140.504 Cessation of Payment Because of Termination of Facility
140.505 Continuation of Payment Because of Threat To Life (Repealed)
140.506 Provider Voluntary Withdrawal
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140.510 Determination of Need for Group Care
140.511 Long Term Care Services Covered by Department Payment
140.512 Utilization Control
140.513 Utilization Review Plan (Repealed)
140.514 Certifications and Recertifications of Care
140.515 Management of Recipient Funds--Personal Allowance Funds
140.516 Recipient Management of Funds
140.517 Correspondent Management of Funds
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140.519 Use or Accumulation of Funds
140.520 Management of Recipient Funds--Local Office Responsibility
140.521 Room and Board Accounts
140.522 Reconciliation of Recipient Funds
140.523 Bed Reserves
140.524 Cessation of Payment Due to Loss of License

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140.525 Quality Incentive Program (QUIP) Payment Levels
140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (Repealed)
140.527 Quality Incentive Survey (Repealed)
140.528 Payment of Quality Incentive (Repealed)
140.529 Reviews (Repealed)
140.530 Basis of Payment for Long Term Care Services
140.531 General Service Costs
140.532 Health Care Costs
140.533 General Administration Costs
140.534 Ownership Costs
140.535 Costs for Interest, Taxes and Rent
140.536 Organization and Pre-Operating Costs
140.537 Payments to Related Organizations
140.538 Special Costs
140.539 Reimbursement for Basic Nursing Assistant, Developmental Disabilities Aide, Basic Child Care Aide and Habilitation Aide Training and Nursing Assistant Competency Evaluation
140.540 Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
140.541 Salaries Paid to Owners or Related Parties
140.542 Cost Reports-Filing Requirements
140.543 Time Standards for Filing Cost Reports
140.544 Access to Cost Reports (Repealed)
140.545 Penalty for Failure to File Cost Reports
140.550 Update of Operating Costs
140.551 General Service Costs
140.552 Nursing and Program Costs
140.553 General Administrative Costs
140.554 Component Inflation Index
140.555 Minimum Wage
140.560 Components of the Base Rate Determination
140.561 Support Costs Components
140.562 Nursing Costs
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140.566 Out-of-State Placement
140.567 Level II Incentive Payments (Repealed)
140.568 Duration of Incentive Payments (Repealed)
140.569 Clients With Exceptional Care Needs
140.570 Capital Rate Component Determination
140.571 Capital Rate Calculation
140.572 Total Capital Rate
140.573 Other Capital Provisions
140.574 Capital Rates for Rented Facilities
140.575 Newly Constructed Facilities (Repealed)
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140.577 Capital Costs for Rented Facilities (Renumbered)

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140.578 Property Taxes
140.579 Specialized Living Centers
140.580 Mandated Capital Improvements (Repealed)
140.581 Qualifying as Mandated Capital Improvement (Repealed)
140.582 Cost Adjustments
140.583 Campus Facilities
140.584 Illinois Municipal Retirement Fund (IMRF)
140.590 Audit and Record Requirements
140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
140.643 In-Home Care Program
140.645 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
140.646 Reimbursement for Developmental Training (DT) Services for Individuals with Developmental Disabilities Who Reside in Long Term Care (ICF AND SNF) and Residential (ICF/MR) Facilities
140.647 Description of Developmental Training (DT) Services
140.648 Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
140.649 Effective Dates of Reimbursement for Developmental Training (DT) Programs
140.650 Certification of Developmental Training (DT) Programs
140.651 Decertification of Day Programs
140.652 Terms of Assurances and Contracts
140.680 Effective Date Of Payment Rate
140.700 Discharge of Long Term Care Residents
140.830 Appeals of Rate Determinations
140.835 Determination of Cap on Payments for Long Term Care (Repealed)

SUBPART F: MEDICAID PARTNERSHIP PROGRAM

Section
140.850 General Description (Repealed)
140.855 Definition of Terms (Repealed)
140.860 Covered Services (Repealed)
140.865 Sponsor Qualifications (Repealed)
140.870 Sponsor Responsibilities (Repealed)
140.875 Department Responsibilities (Repealed)
140.880 Provider Qualifications (Repealed)
140.885 Provider Responsibilities (Repealed)
140.890 Payment Methodology (Repealed)
140.895 Contract Monitoring (Repealed)
140.896 Reimbursement For Program Costs (Active Treatment) For Clients In Long Term Care Facilities For the Developmentally Disabled (Recodified)
140.900 Reimbursement For Nursing Costs For Geriatric Residents in Group Care Facilities (Recodified)
140.901 Functional Areas of Needs (Recodified)

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140.902 Service Needs (Recodified)
140.903 Definitions (Recodified)
140.904 Times and Staff Levels (Repealed)
140.905 Statewide Rates (Repealed)
140.906 Reconsiderations (Recodified)
140.907 Midnight Census Report (Recodified)
140.908 Times and Staff Levels (Recodified)
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140.910 Referrals (Recodified)
140.911 Basic Rehabilitation Aide Training Program (Recodified)
140.912 Interim Nursing Rates (Recodified)

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

Section
140.920 General Description
140.922 Covered Services
140.924 Maternal and Child Health Provider Participation Requirements
140.926 Client Eligibility (Repealed)
140.928 Client Enrollment and Program Components (Repealed)
140.930 Reimbursement
140.932 Payment Authorization for Referrals (Repealed)

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

Section
140.940 Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
140.942 Definition of Terms (Recodified)
140.944 Notification of Negotiations (Recodified)
140.946 Hospital Participation in ICARE Program Negotiations (Recodified)
140.948 Negotiation Procedures (Recodified)
140.950 Factors Considered in Awarding ICARE Contracts (Recodified)
140.952 Closing an ICARE Area (Recodified)
140.954 Administrative Review (Recodified)
140.956 Payments to Contracting Hospitals (Recodified)
140.958 Admitting and Clinical Privileges (Recodified)
140.960 Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962 Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964 Contract Monitoring (Recodified)
140.966 Transfer of Recipients (Recodified)
140.968 Validity of Contracts (Recodified)
140.970 Termination of ICARE Contracts (Recodified)
140.972 Hospital Services Procurement Advisory Board (Recodified)

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TABLE A	Medichek Recommended Screening Procedures (Repealed)
TABLE B	Geographic Areas
TABLE C	Capital Cost Areas
TABLE D	Schedule of Dental Procedures
TABLE E	Time Limits for Processing of Prior Approval Requests
TABLE F	Podiatry Service Schedule
TABLE G	Travel Distance Standards
TABLE H	Areas of Major Life Activity
TABLE I	Staff Time and Allocation for Training Programs (Recodified)
TABLE J	HSA Grouping (Repealed)
TABLE K	Services Qualifying for 10% Add-On (Repealed)
TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
TABLE M	Enhanced Rates for Maternal and Child Health Provider Services

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24,

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1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg.7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246,

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effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective

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August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17

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Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg.

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22108, effective December 1, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 140.3 Covered Services Under Medical Assistance Programs
EMERGENCY

a) As described in this Section, medical services shall be covered for:
   1) recipients of financial assistance under the AABD (Aid to the Aged, Blind or Disabled), AFDC (Aid to Families with Dependent Children), or Refugee/Entrant/ Repatriate programs;
   2) recipients of medical assistance only under the AABD program (AABD-MANG);
   3) recipients of medical assistance only under the AFDC program (AFDC-MANG);
   4) individuals under age 18 not eligible for AFDC (see Section 140.7), pregnant women who would be eligible if the child were born and pregnant women and children under age eight who do not qualify as mandatory categorically needy (see Section 140.9);
   5) disabled persons under age 21 who may qualify for Medicaid and in-home care (Model Waiver); and
   6) recipients eligible under the State Transitional Assistance Program who are determined by the Department to be disabled.

b) The following medical services shall be covered for recipients under age 21 who are included under subsection (a) above:
   1) Inpatient hospital services;
   2) Hospital outpatient and clinic services;
   3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment;
   4) Encounter rate clinic visits;
   5) Physician services;
   6) Pharmacy services;
   7) Home health agency visits;
   8) Laboratory and x-ray services;
   9) Group care services;
   10) Family planning services and supplies;
   11) Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies;
   12) Transportation to secure medical services;
   13) Medichek (EPSDT) services;
   14) Dental services;
   15) Chiropractic services;
   16) Podiatric services;

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17) Optical services and supplies;
18) Subacute alcoholism and substance abuse services pursuant to Sections 140.390 through 140.396; and
19) Hospice services.

c) The following medical services shall be covered for recipients age 21 or over who are included under subsection (a) above:
1) Inpatient hospital services;
2) Hospital outpatient and clinic services;
3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment;
4) Encounter rate clinic visits;
5) Physician services;
6) Pharmacy services;
7) Home health agency visits;
8) Laboratory and x-ray services;
9) Group care services;
10) Family planning services and supplies;
11) Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies;
12) Transportation to secure medical services;
13) Medichek (EPSDT) services;
14) Subacute alcoholism and substance abuse services pursuant to Sections 140.390 through 140.396;
15) Hospice services; ~~and~~
16) Dental services; ~~Adult--emergency dental services as defined in Section 140.421(a).~~
17) Chiropractic services;
18) Podiatric services; and
19) Optical services and services.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days)

Section 140.5 **Covered Medical Services Under General Assistance**
EMERGENCY

a) The following medical services shall be covered for recipients of financial assistance under General Assistance for both the State Transitional Assistance Program and the State Family and Children Assistance Program:
1) Encounter rate clinic visits;
2) Physician services;
3) Vital pharmacy services (items necessary for life maintenance or to avoid life threatening situations);
4) Vital medical supplies and equipment;
5) Group care services, subject to prior approval;

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6) Family planning services;
7) Laboratory and x-ray services;
8) Transportation to secure medical services;
9) Prostheses, orthoses (only when essential for employment or expediting hospital discharge);
10) Home health agency visits (only on a prior approval basis when the medical condition is documented by the physician as terminal);
11) Hospice services; ~~and~~
12) Dental services; ~~Adult-emergency-dental-services.~~
13) Chiropractic services;
14) Podiatric services; and
15) Optical services and services.

b) The following medical services shall be covered for recipients of financial assistance under General Assistance only for the State Family and Children Assistance Program, not the State Transitional Assistance Program, in addition to the services covered under subsection (a) above:
1) Inpatient hospital services. (Physical rehabilitation services and psychiatric services are not covered for General Assistance recipients age 18 or over);
2) Hospital outpatient and clinic services for surgical procedures, renal dialysis or cancer therapy; and
3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.420 Dental Services
EMERGENCY

a) Payment for dental services shall be made only to licensed dentists. Payment for comprehensive orthodontic care shall be made only to a dentist licensed for provision of such services.
b) Except for the "services not covered" specified in subsection (c) below, payment shall be made for dental services that are:
1) Necessary to relieve pain or infection. preserve teeth, or restore adequate dental function;
2) Diagnostic, preventive, or restorative services, endodontics, prosthodontics, orthodontics or oral surgery included in the Department's Schedule of Dental Procedures (see Table D at the end of this Part);
3) Performed by the dentist or under the direct supervision of the

dentist.

c) Services for which payment shall not be made include:
   1) Routine or periodic examination other than:
      A) Initial examinations;
      B) Required school examinations;
      C) Periodic examinations for children with minimum of 12 months having elapsed since initial or previous periodic examination;
   2) ~~Adult non-emergency dental services (see Section 140.421);~~
   ~~3)~~ Experimental dental care;
   3) ~~4)~~ Procedures performed only for cosmetic reasons;
   4) ~~5)~~ Acrylic crown.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days)

Section 140.421 Limitations on Dental Services
EMERGENCY

a) ~~Dental services for recipients age 21 and older are covered for only a limited range of emergency dental services.~~
   ~~1) Emergency dental services are described as those dental procedures necessary to treat pain in the teeth, gums, palate or any other problem of the mouth that requires immediate attention and is appropriately treated by a dentist.~~
   ~~2) Determinations concerning what constitutes an emergency dental procedure are based on x-rays. If a problem is readily identifiable by x-ray, the dentist is not required to request prior approval. If the x-ray does not readily indicate the problem, the dentist should seek prior approval.~~
   ~~3) Prior to payment, each claim will be reviewed for medical necessity and for true emergency status.~~

~~b)~~ Prior approval is required for:
   1) Space maintainers;
   2) Crowns;
   3) Endodontics;
   4) Periodontics;
   5) Dentures;
   6) Bridgework;
   7) Orthodontics. Medically necessary orthodontic treatment is approved for children. The Department's consultant shall make these determinations. Medically necessary orthodontic treatment is defined as:
      A) treatment necessary to correct a condition which scores 42 points or more on the Salzmann Index, or
      B) treatment necessary to correct a condition that constitutes a handicapping malocclusion. (A malocclusion is handicapping if there is an impairment of or a hazard to the ability to

eat, chew, speak or breathe that is related to the malocclusion.);
   8) Extractions of impacted teeth;
   9) Alveoloplasty;
   10) Cyst excisions;
   11) Frenulectomy;
   12) Analgesia (nitrous oxide);
   13) Dental services not included in the Department's Schedule of Dental Procedures (See Table D at the end of this Part).

b) ~~c)~~ The dentist may request post-approval when a dental procedure requiring prior approval is provided on an emergency basis. Approval of the procedures shall be given if, in the judgment of a consulting dentist of the Department or a consulting dental service, the procedure is necessary to prevent dental disease or to restore and maintain adequate dental function to assure good bodily health and the well-being of the patient.

c) ~~d)~~ Payment for complete and partial dentures is limited to one set every five years if necessary to replace lost, broken or unusable dentures; payment for a bridge is limited to once in five years. Bridgework will be reimbursed only if there has not been placement of a partial denture within the prior five years.

d) ~~e)~~ Root canals, apexification, and apicoectomy procedures are covered for children for anterior teeth, bicuspids, and permanent first molars. Root canals are covered for adults only for anterior teeth.

e) ~~f)~~ Full mouth series of x-rays are covered only once every three years.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Specialized Health Care Delivery Systems

2) Code Citation: 89 Ill. Adm. Code 146

3) Section Numbers: 146.130 — Emergency Action: Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: July 1, 1999

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date filed with the Index Department: July 1, 1999

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency amendments are necessary to add clarifications concerning Ambulatory Procedure Listing (APL) services to the Department's rules regarding Ambulatory Surgical Treatment Centers (ASTCs). These amendments are intended as companion amendments to emergency amendments that are also being filed at 89 Ill. Adm. Code 148.140, concerning hospital services, pursuant to the enactment of the State's budget for fiscal year 2000 under Public Act 91-0020. These emergency changes are a component of the Department's overall outpatient reform measures and are necessary to insure adequate reimbursement for essential medical services. Emergency rulemaking is specifically authorized for the implementation of the reimbursement changes concerning APL services for fiscal year 2000 by Section 5-45 of Public Act 91-0024.

10) Complete Description of the Subjects and Issues Involved: These emergency amendments to the Department's rules concerning Ambulatory Surgical Treatment Centers (ASTCs) provide clarifications on reimbursement for Ambulatory Procedure Listing (APL) services that are provided in ASTCs. These amendments are intended as companion amendments to emergency amendments that are also being filed at 89 Ill. Adm. Code 148.140, Hospital Outpatient and Clinic Services, pursuant to the fiscal year 2000 budget plan under Public Act 91-0020. These changes are a component of the Department's overall outpatient reform measures and are necessary to insure adequate reimbursement for essential medical services.

These emergency changes concerning ASTCs will not result in any budgetary changes. However, the related emergency amendments affecting APL services

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as described at 89 Ill. Adm. Code 148.140 are expected to result in a budgetary increase of $65.6 million for fiscal year 2000.

11) Are there any other amendments pending on this Part? No

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any state mandates affecting units of local government.

13) Information and questions regarding this amendment shall be directed to:

Joanne Jones
Bureau of Rules
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217) 524-0081

The full text of the emergency amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 146
SPECIALIZED HEALTH CARE DELIVERY SYSTEMS

SUBPART A: AMBULATORY SURGICAL TREATMENT CENTERS

Section
146.100 General Description
146.105 Definitions
146.110 Participation Requirements
146.115 Records and Data Reporting Requirements
146.125 Covered Ambulatory Surgical Treatment Center Services
146.130 Reimbursement for Services
EMERGENCY

SUBPART B: SUPPORTIVE LIVING FACILITIES

146.200 General Description
146.205 Definitions
146.210 Structural Requirements
146.215 SLF Participation Requirements
146.220 Resident Participation Requirements
146.225 Reimbursement for Medicaid Residents
146.230 Services
146.235 Staffing
146.240 Resident Contract
146.245 Assessment and Service Plan and Quarterly Evaluation
146.250 Resident Rights
146.255 Discharge Criteria
146.260 Grievance Procedure
146.265 Records Requirements
146.270 Quality Assurance Plan
146.275 Monitoring
146.280 Termination or Suspension of SLF Provider Agreement
146.285 Voluntary Surrender of Certification
146.290 Geographic Areas

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Old Part repealed at 14 Ill. Reg. 13800, effective August 15, 1990; New Part adopted at 20 Ill. Reg. 4419, effective February 29, 1996; emergency amendment at 21 Ill. Reg. 13875, effective October 1, 1997, for a maximum of

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150 days; amended at 22 Ill. Reg. 4430, effective February 27, 1998; emergency amendment at 22 Ill. Reg. 13146, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19914, effective October 30, 1998; amended at 23 Ill. Reg. 5819, effective April 30, 1999; emergency amendment at 23 Ill. Reg. 8256, effective July 1, 1999, for a maximum of 150 days.

SUBPART A: AMBULATORY SURGICAL TREATMENT CENTERS

Section 146.130 Reimbursement for Services
EMERGENCY

a) Reimbursement levels shall be at the lower of the ASTC's usual and customary charge to the public or the Department's Statewide maximum reimbursement screen.

b) With respect to APL procedures described in 89 Ill. Adm. Code 148.140(b)(1), reimbursement for such services shall be~~,~~ an all-inclusive rate for facility services, and shall be calculated at 75 percent of the applicable group rate paid for that same procedure in a hospital outpatient setting, as described under Section 148.140(b).

c) Laboratory, x-ray, or prescription services or professional physicians' services, in connection with a covered surgical procedure, must be billed by the providers rendering such services. If the ASTC provides the lab or x-ray service, then:
   1) Separate billing is NOT allowed if provided on the day of surgery; or
   2) Separate billing IS allowed if provided on other than the day of surgery.

d) The providers described in subsection (c) of this Section must meet all applicable license, enrollment and reimbursement conditions of the Department of Public Aid, Department of Public Health and the Department of Professional Regulation.

(Source: Amended by emergency rulemaking at 23 Ill. Reg. 8256, effective July 1, 1999, for a maximum of 150 days)

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF PUBLIC HEARING ON PROPOSED RULES

1) Heading of the Part: Administrative Hearing Rules

2) Code Citation: 56 Ill. Adm. Code 2605

3) Register Citation to Notice of Proposed Rules: 23 Ill. Reg. 7328; July 2, 1999

4) Date, Time and Location of Public Hearing:

Date: August 23, 1999
Time: 10 a.m.
Location: Illinois Department of Commerce and Community Affairs
DCCA Theatre
620 E. Adams
Springfield, IL 62701

5) Other Pertinent Information: None

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

1. Statute requiring agency to publish information concerning interest rate information in the *Illinois Register*:

Name of Act: Uniform Penalty and Interest Act
Citation: 35 ILCS 735/3-1

2. Summary of information:

Section 3-2(a) of the Uniform Penalty and Interest Act provides that interest paid by the Department of Revenue and interest charged to taxpayers by the Department shall be paid at the annual rate determined by the Department. That rate is the underpayment rate established under Section 6621 of the Internal Revenue Code.

Section 3-2(b) of the UPIA states that the interest rate shall be adjusted on a semiannual basis, on January 1 and July 1, based upon the underpayment rate going into effect on that January 1 or July 1 under Section 6621 of the Internal Revenue Code.

Recently, in Revenue Ruling 99-27 the Internal Revenue Service announced that the underpayment rate will be 8% for the period beginning July 1, 1999. Therefore, the interest rate paid by the Illinois Department of Revenue and the interest rate charged to taxpayers by the Illinois Department of Revenue will be 8% from July 1, 1999 through December 31, 1999.

3. Name and address of person to contact concerning this information:

Paul Caselton
Deputy General Counsel (Income Tax)
Legal Services Office
Illinois Department of Revenue
101 W. Jefferson
Springfield, Illinois 62794
217/782-7055

OFFICE OF THE ATTORNEY GENERAL

JULY 1999 REGULATORY AGENDA

a) Part (Heading and Code Citation): Motor Vehicle Advertising, 14 Ill. Adm. Code 475.

1) Rulemaking:

A) Description: The proposed amendments to the Motor Vehicle Advertising Regulations are the result of the first comprehensive review of the regulations describing unfair or deceptive acts in the advertising of automobiles for sale since the rules were promulgated in 1991. Amendments have been developed over the past twenty-four months by law enforcement, industry, and trade group representatives at meetings of the Auto Dealers Advisory Council and are designed to account for changes in the marketing and advertising of motor vehicles since 1991. The proposals include various clarifications and would, among other things: reflect amendments to the Federal Consumer Leasing Act (15 U.S.C.A. sec. 1601, et seq.) and implementing regulations (12 C.F.R. 213); prohibit the use of guaranteed trade-in allowances; and permit automobile manufacturers to offer free prizes, gifts or other incentives. Amendments to the following sections are under consideration:

Section 475.310 Advertised Price
Section 475.360 Disclosure of Basis for Price Comparison
Section 475.370 Sales
Section 475.410 Dealer Cost/Invoice Pricing
Section 475.510 Executive or Official Vehicles
Section 475.520 Demonstrator and Rental Vehicles
Section 475.530 Rebates
Section 475.540 Trade-Ins
Section 475.590 Gifts and Free Offers
Section 475.610 Credit Sales Advertising Disclosures
Section 475.710 Lease Advertising Disclosures
Section 475.720 Other Limitations, Restrictions or Conditions

B) Statutory Authority: Implementing Sections 2 and 3 and authorized by Section 4 of the Consumer Fraud and Deceptive Business Practices Act (815 ILCS 505/2, 3 and 4).

C) Scheduled meeting/hearing date: A meeting of the Auto Dealers Advisory Council will be held in Room 12-217 of the Thompson Center in Chicago at 10:00 a.m. on September 23, 1999.

D) Date agency anticipates First Notice: October, 1999.

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E) Effect on small businesses, small municipalities or not for profit corporations: Small businesses such as automobile dealerships, advertising agencies and others responsible for automobile advertisements will need to familiarize themselves with the changes, but there are no new form, recordkeeping or other administrative requirements. The rules should not affect municipalities or not for profit corporations.

F) Agency contact person for information:

Name: Patricia Kelly, Chief
Consumer Protection Division
Address: Office of the Attorney General
100 W. Randolph St., Room 12-157
Chicago, Illinois 60601
Telephone: (312) 814-3749

G) Related rulemakings and other pertinent information: None

b) Part (Heading and Code Citation): Solicitation for Charity Act, 14 Ill. Adm. Code 400.

1) Rulemaking:

A) Description: The primary purpose of these amendments is to conform the rules to amendments in the Solicitation for Charity Act. Among the statutory changes were provisions for registration and annual report filing fees for charitable organizations and professional fundraisers, registration of fundraising consultants separate from professional fundraisers, simplified annual financial reporting requirements for small charities, and an increase from $25,000 to $150,000 in the level of received contributions that will require submission of financial statements audited by a CPA. Other matters that may be addressed in the contemplated rulemaking are the conditions under which receipt of a report after the statutory deadline will not result in penalties and changes necessary to implement statutory changes passed by the General Assembly and awaiting the Governor's signature. In addition, several clarifications will be made and unnecessary provisions deleted.

B) Statutory Authority: Solicitation for Charity Act, 225 ILCS 460/2(h).

C) Scheduled meeting/hearing date: No meeting or hearing has

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been scheduled as of June 16, 1999.

D) Date agency anticipates First Notice: Notice of proposed rulemaking will be submitted in August, 1999.

E) Effect on small businesses, small municipalities or not for profit corporations: These rule changes will have a nominal effect upon some small businesses (such as professional fund raisers and fundraising consultants) and not-for-profit corporations and will not affect small municipalities.

F) Agency contact person for information:

Name: Floyd D. Perkins, Chief
Charitable Trust Bureau
Address: Office of the Attorney General
100 West Randolph Street, 3rd Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

G) Related rulemakings and other pertinent information: None

c) Part (Heading and Code Citation): Charitable Trust Act, 14 Ill. Adm. Code 480

1) Rulemaking:

A) Description: The primary purpose of these amendments is to conform the rules to amendments in the Charitable Trust Act. Among the statutory changes were provisions for: registration and annual report filing fees for trustees, elimination of registration exemptions for homes for the aged and cemeteries, elimination of the annual financial report exemption for bank and trust companies, and simplified annual financial reporting requirements for small trusts. Other matters that may be addressed in the contemplated rulemaking are the conditions under which receipt of a report after the statutory deadline will not result in penalties and changes necessary to implement statutory changes passed by the General Assembly and awaiting the Governor's signature. In addition, several clarifications will be made and unnecessary provisions deleted.

B) Statutory Authority: Charitable Trust Act, 760 ILCS 55/8.

C) Scheduled meeting/hearing date: No meeting or hearing has been scheduled as of June 16, 1999.

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D) Date agency anticipates First Notice: Notice of proposed rulemaking will be submitted in August, 1999.

E) Effect on small businesses, small municipalities or not for profit corporations: These rule changes will have a nominal effect upon some small businesses and not-for-profit corporations and will not affect small municipalities.

F) Agency contact person for information:

Name: Floyd D. Perkins, Chief
Charitable Trust Bureau
Address: Office of the Attorney General
100 West Randolph Street, 3rd Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

G) Related rulemakings and other pertinent information: None

ILLINOIS COMMERCE COMMISSION

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a) Part(s) (Heading and Code Citation): Standard Filing Requirements for Electric, Gas, Water and Sewer Utilities and Telecommunications Carriers in Filing for an Increase in Rates, 83 Ill. Adm. Code 285

1) Rulemaking:

A) Description: This rulemaking proceeding is examining the required data that must be filed with the Commission when any of the subject entities files a general rate increase. This material is reviewed by Commission staff in preparation of the rate case.

B) Statutory Authority: Implementing Section 9-201 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/9-201 and 10-101].

C) Scheduled meeting/hearing date: Persons interested in participating in the proceeding should file a petition to intervene in docket 93-0351.

D) Date agency anticipates First Notice: Undetermined.

E) Affect on small businesses, small municipalities or not for profit corporations: This rulemaking will affect any subject utilities or local exchange carriers that are also small businesses.

F) Agency contact person for information:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62706
217-782-7434

G) Related rulemakings and other pertinent information: None

b) Part (Heading and Code Citation): Standard of Conduct and Functional Separation, 83 Ill. Adm. Code 452

1) Rulemaking:

A) Description: Section 16-119A(a) of the Public Utilities Act requires the Commission to open a rulemaking to implement competition-fostering aspects of the amendments to the Public Utilities Act in P.A. 90-561. The rules will establish standards of conduct for public utilities in the

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generation and distribution aspects of the industry. Section 16-119A(b) of the Public Utilities Act gives the Commission the authority to investigate the need for, and adopt rules requiring, functional separation between the generation services and the delivery services of those electric utilities whose principal service area is in Illinois as necessary to meet the objective of creating efficient competition between suppliers of generating services and sellers of such services at retail and wholesale.

The subject matter of this subsection is intertwined with the subject matter of subsection (a)

B) Statutory Authority: Implementing and authorized by Section 16-119A of the Public Utilities Act [220 ILCS 5/16-119A].

C) Scheduled meeting/hearing date: Persons interested in participating in the proceeding should file a petition to intervene in dockets 98-0147 and 98-0148, consolidated.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: This rulemaking will affect any subject utilities or alternative retail electric suppliers that are also small businesses.

F) Agency contact person for information:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62706
217-782-7434

G) Related rulemakings and other pertinent information: None

c) Part (Heading and Code Citation): Pay Telephone Providers, 83 Ill. Adm. Code 771

1) Rulemaking:

A) Description: This rulemaking is to develop standards of service and application procedures for pay telephone providers.

B) Statutory Authority: Implementing Section 8-301 and

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authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/8-301 and 10-101].

C) Scheduled meeting/hearing date: Persons interested in participating in the proceeding should file a petition to intervene in Docket 92-0275.

D) Date agency anticipates First Notice: Undetermined

E) Affect on small businesses, small municipalities or not for profit corporations: This rulemaking will affect any telecommunications carriers that are customer-owned, pay telephone providers and that are also small businesses.

F) Agency contact person for information:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62706
217-782-7434

G) Related rulemakings and other pertinent information: None

ILLINOIS DEPARTMENT OF HUMAN RIGHTS

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a) Part(s) (Heading and Code Citation): Department Purchasing Procedures; 44 Ill. Adm. Code 760

1) Rulemaking:

A) Description: The Department intends to repeal this Part because the Illinois Procurement Code addresses the subject matter of these regulations.

B) Statutory Authority: Implementing and authorized by the Illinois Procurement Code [30 ILCS 500].

C) Scheduled meetings/hearing date: None scheduled at this time.

D) Date agency anticipates First Notice: August 1, 1999.

E) Affect on small businesses, small municipalities or not for profit corporations: No anticipated effect.

F) Agency contact person for information:

Name: David T. Rothal
Address: Illinois Department of Human Rights
100 West Randolph Street
Suite 10-100
Chicago, IL 60601
Telephone: 312-814-6242
T.D.D. : 312-263-1579

G) Related rulemaking and other pertinent information: None.

b) Part(s) (Heading and Code Citation): Housing Discrimination; 71 Ill. Adm. Code 2520

1) Rulemaking:

A) Description: These amendments will clarify the exemption provided in Section 3-106(I) of the Illinois Human Rights Act. [775 ILCS 5/3-106(I)].

B) Statutory Authority: Implementing Section 3-106 and authorized by Section 7-101(A) of the Illinois Human Rights Act [775 ILCS 5/3-106 and 7-101 (A)].

C) Scheduled meetings/hearing date: None scheduled at this time.

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D) Date agency anticipates First Notice: November 1, 1999.

E) Affect on small businesses, small municipalities or not for profit corporations: All businesses involved in real estate transactions are subject to the Illinois Human Rights Act and its regulations.

F) Information concerning the regulatory agenda shall be directed to:

Name: David T. Rothal
Address: Illinois Department of Human Rights
100 West Randolph Street
Suite 10-100
Chicago, IL 60601
Telephone: 312-814-6242
T.D.D. : 312-263-1579

G) Related rulemaking and other pertinent information: None

c) Part(s) (Heading and Code Citation): Procedures Applicable to All Agencies; 44 Ill. Adm. Code 750.

1) Rulemaking:

A) Description: The Department intends to amend its existing regulations in order to clarify the regulations and to update statutory citations.

B) Statutory Authority: Implementing Section 2-105 and authorized by Section 7-101(A) of the Illinois Human Rights Act [775 ILCS 5/2-105 and 7-101(A)].

C) Scheduled meetings/hearing date: None scheduled at this time.

D) Date agency anticipates First Notice: December 13, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: All public contractors and eligible bidders are subject to the Illinois Human Rights Act and its regulations on public contracts.

F) Information concerning the regulatory agenda shall be directed to:

ILLINOIS DEPARTMENT OF HUMAN RIGHTS

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Name: David T. Rothal
Address: Illinois Department of Human Rights
100 W. Randolph Street
Suite 10-100
Chicago, IL 60601
Telephone: 312/814-6242
T.D.D.: 312/263-1579

G) Related rulemaking and other pertinent information: None

DEPARTMENT OF NATURAL RESOURCES

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a) Part(s) (Heading and Code Citation): The Illinois Explosives Act; 62 Ill. Adm. Code 200

1) Rulemaking:

A) Description: 62 Ill. Adm. Code 200 contains regulations implementing the Illinois Explosives Act, 225 ILCS 210, and applies to the storage, use, acquisition, possession, disposal and transfer of explosive materials. Various sections within Part 200 will be amended and reorganized for purposes of updating, clarifying, and addressing issues and situations which are not currently covered in the rules but need to be to ensure that explosive materials are handled and stored appropriately, safely and securely.

B) Statutory Authority: Implementing and authorized by the Illinois Explosives Act [225 ILCS 210]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: October, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Cindy Bushur-Hallam
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

b) Part(s) (Heading and Code Citation): General Definitions; 62 Ill. Adm. Code 1701

1) Rulemaking:

A) Description: The Energy Policy Act of 1992 amended the Surface Mining Control and Reclamation Act, which is the federal law after which Illinois' surface mining and reclamation program is modeled. Subsequent to these amendments, the federal Office of Surface Mining notified the Department that its rules were no longer as effective as counterpart federal rules, given the Energy Policy Act of 1992 amendments. The purpose of this amendment is to bring Illinois' program in line with, and make it as effective as, all

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counterpart federal law and regulations. The proposed amendments require underground mine operators to monitor landowner water supplies and the condition of buildings prior to subsidence. Any water loss or building damage resulting from subsidence must be repaired or replaced.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen Jacobs
524 S. Second St.
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

c) Part(s) (Heading and Code Citation): Surface Mining Permit Application -- Minimum Requirements for Reclamation and Operation Plan; 62 Ill. Adm. Code 1780

1) Rulemaking:

A) Description: Typographical errors will be corrected and the State regulations will be amended to comport with counterpart federal regulations.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

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Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

d) Part(s) (Heading and Code Citation): Underground Mining Permit Applications - Minimum Requirements for Reclamation and Operation Plan; 62 Ill. Adm. Code 1784

1) Rulemaking:

A) Description: The Energy Policy Act of 1992 amended the Surface Mining Control and Reclamation Act, which is the federal law after which Illinois' surface mining and reclamation program is modeled. Subsequent to these amendments, the federal Office of Surface Mining notified the Department that its rules were no longer as effective as counterpart federal rules, given the Energy Policy Act of 1992 amendments. The purpose of this amendment is to bring Illinois' program in line with, and make it as effective as, all counterpart federal law and regulations. The proposed amendments establish permitting requirements for the underground extraction areas of underground mines and require underground mine operators to monitor landowner water supplies and the condition of buildings prior to subsidence. Any water loss or building damage resulting from subsidence must be repaired or replaced.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen Jacobs
524 S. Second St.
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

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e) Part(s) (Heading and Code Citation): Bonding and Insurance Requirements for Surface Coal Mining and Reclamation Operation; 62 Ill. Adm. Code 1800

1) Rulemaking:

A) Description: The regulations will be amended for clarity and to comport with counterpart federal regulations.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

f) Part(s) (Heading and Code Citation): Permanent Program Performance Standards-Surface Mining Activities; 62 Ill. Adm. Code 1816

1) Rulemaking:

A) Description: The regulations will be amended to comport with counterpart federal regulations.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

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Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

g) Part(s) (Heading and Code Citation): Permanent Program Performance Standards-Underground Mining Operations; 62 Ill. Adm. Code 1817

1) Rulemaking:

A) Description: The Energy Policy Act of 1992 amended the Surface Mining Control and Reclamation Act, which is the federal law after which Illinois' surface mining and reclamation program is modeled. Subsequent to these amendments, the federal Office of Surface Mining notified the Department that its rules were no longer as effective as counterpart federal rules, given the Energy Policy Act of 1992 amendments. The purpose of this amendment is to bring Illinois' program in line with, and make it as effective as, all counterpart federal law and regulations. The proposed amendments will establish permitting requirements for the underground extraction areas of underground mines and require underground mine operators to monitor landowner water supplies and the condition of buildings prior to subsidence. Any water loss or building damage resulting from subsidence must be repaired or replaced.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

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h) Part(s) (Heading and Code Citation): Permanent Program Performance Standards-Underground Mining Operations; 62 Ill. Adm. Code 1817

1) Rulemaking:

A) Description: The Energy Policy Act of 1992 amended the Surface Mining Control and Reclamation Act, which is the federal law after which Illinois' surface mining and reclamation program is modeled. Subsequent to these amendments, the federal Office of Surface Mining notified the Department that its rules were no longer as effective as counterpart federal rules, given the Energy Policy Act of 1992 amendments. The purpose of this amendment is to bring Illinois' program in line with, and make it as effective as, all counterpart federal law and regulations. The proposed amendments will establish permitting requirements for the underground extraction areas of underground mines and require underground mine operators to monitor landowner water supplies and the condition of buildings prior to subsidence. Any water loss or building damage resulting from subsidence must be repaired or replaced.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

i) Part(s) (Heading and Code Citation): Special Program Performance Standards -- Operations on Prime Farmland; 62 Ill. Adm. Code 1823

1) Rulemaking:

A) Description: The Department was advised by the Office of Surface Mining on June 17, 1997 that the counterpart federal regulation to Section 1823.14 was changed. The State regulation will be changed

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to comport with the counterpart federal regulation.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

j) Part(s) (Heading and Code Citation): Individual Civil Penalties; 62 Ill. Adm. Code 1846

1) Rulemaking:

A) Description: An incorrectly referenced citation will be fixed.

B) Statutory Authority: Implementing and authorized by the Surface Coal Mining Land Conservation and Reclamation Act. [225 ILCS 720]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Karen E. Jacobs
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

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k) Part(s) (Heading and Code Citation): Illinois Oil and Gas Act; 62 Ill. Adm. Code 240

1) Rulemaking:

A) Description: Establishes initial industry reporting and testing procedures to document crude oil and produced water spills and proposed cleanup measures. Clarifies various existing administrative rules.

B) Statutory Authority: Implementing and authorized by the Illinois Oil and Gas Act [225 ILCS 725]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August 1999

E) Affect on small businesses, small municipalities or not for profit corporations: Increases reporting requirements to crude oil and produced water spills from production facilities.

F) Agency contact person for information:

Alfred L. Clayborne
524 S. Second Street
Springfield, IL 62701
217/782-6791

G) Related rulemakings and other pertinent information: None

l) Part(s) (Heading and Code Citation): Illinois Open Land Trust Act Grant Program

1) Rulemaking:

A) Description: New administrative rule implementing the Illinois Open Land Trust Act Grant Program.

B) Statutory Authority: 20 ILCS 205/40.28 and 30 ILCS 105/5.490

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August 1999

E) Affect on small businesses, small municipalities or not for profit corporations: This is a grant program which will provide financial aid to qualifying participants.

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F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

m) Part(s) (Heading and Code Citation): Public Use of State Parks; 17 Ill. Adm. Code 110

1) Rulemaking:

A) Description: This Part contains the rules and regulations for public use of state parks and other properties of the Department of Natural Resources.

B) Statutory Authority: Implementing and authorized by Section 8 of the State Forest Act [525 ILCS 40/8] and by Sections 1, 2, 4 and 6 of the State Parks Act [20 ILCS 835/1, 2, 4 and 6] and by Section 5 of the State Parks Designation Act [20 ILCS 840/5] and by Sections 63a, 63a11, 63a15, 63a18, 63a21.1 and 63a28 of the Civil Administrative Code of Illinois [20 ILCS 805/63a, 63a11, 63a15, 63a18, 63a21.1 and 63a28].

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: October 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

n) Part(s) (Heading and Code Citation): Camping on Department of Natural Resources Properties; 17 Ill. Adm. Code 130

1) Rulemaking:

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A) Description: This Part contains the rules and regulations for camping on Department of Natural Resources properties

B) Statutory Authority: Implementing and authorized by Sections 1, 4(1) and (5) of the State Parks Act [20 ILCS 835/1, 4(1) and (5)], and by Sections 63a23 and 63a28 of the Civil Administrative Code of Illinois [20 ILCS 805/63a23 and 63a28].

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: October 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

o) Part(s) (Heading and Code Citation): Sport Fishing Regulations for the Waters of Illinois; 17 Ill. Adm. Code 810

1) Rulemaking:

A) Description: This Part contains the regulations for sport fishing.

B) Statutory Authority: Implementing and authorized by Sections 1-120, 1-125, 1-150, 5-5, 10-5, 10-10, 10-15, 10-20, 10-25, 10-30, 10-35, 10-45, 10-50, 10-60, 10-75, 10-90, 10-95, 15-50, 20-5, 20-35 and 25-5 of the Fish and Aquatic Life Code [515 ILCS 5/1-120, 1-125, 1-150, 5-5, 10-5, 10-10, 10-15, 10-20, 10-25, 10-30, 10-35, 10-45, 10-50, 10-60, 10-75, 10-90, 10-95, 15-50, 20-5, 20-35 and 25-5]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: November 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

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F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

p) Part(s) (Heading and Code Citation): Commercial Fishing and Musseling in Certain Waters of the State; 17 Ill. Adm. Code 830

1) Rulemaking:

A) Description: This Part contains the regulations for commercial fishing and musseling.

B) Statutory Authority: Implementing and authorized by Sections 1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35, and 25-5 of the Fish and Aquatic Life Code [515 ILCS 5/1-60, 1-65, 1-120, 10-120, 15-35, 15- 40, 20-35, and 25-5].

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: November 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

q) Part(s) (Heading and Code Citation): Aquaculture, Transportation, Stocking, Importation and/or Possession of Aquatic Life; 17 Ill. Adm. Code 870

1) Rulemaking:

A) Description: This Part contains the regulations for aquaculture, transportation, stocking, importation and/or possession of aquatic

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life.

B) Statutory Authority: Implementing and authorized by Sections 1-20, 1-105, 1-125, 1-135, 1-140, and 1-145 of the Fish and Aquatic Life Code [515 ILCS 5/1-20, 1-105, 1-125, 1-135, 1-140, and 1-145]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: November 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

r) Part(s) (Heading and Code Citation): Consignment of Licenses, Stamps and Permits; 17 Ill. Adm. Code 2520

1) Rulemaking:

A) Description: This Part contains the Department's rules for designated agents to sell licenses, stamps and permits on behalf of the Department.

B) Statutory Authority: Implementing and authorized by Sections 1.4, 3.1, 3.2, 3.37, 3.38 and 3.39 of the Wildlife Code [520 ILCS 5/1.4, 3.1, 3.2, 3.37, 3.38 and 3.39] and Sections 1-125, 20-5, 20-10, 20-30, 20-45, 20-55 and 20-120 of the Fish and Aquatic Life Code [515 ILCS 5/1-125, 20-5, 20-10, 20-30, 20-45, 20-55 and 20-120].

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: August 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

DEPARTMENT OF NATURAL RESOURCES

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Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

s) Part(s) (Heading and Code Citation): Urban and Community Forestry Grant Program; 17 Ill. Adm. Code 1538

1) Rulemaking:

A) Description: The purpose of the Urban and Community Forestry Grant Program is to provide financial assistance to local units of government for the development of plans and implementation of programs for the establishment, management, conservation, and preservation of the urban and community forest.

B) Statutory Authority: Implementing and authorized by the Urban and Community Forestry Assistance Act [30 ILCS 735].

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: September 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Jack Price
524 S. Second Street
Springfield, IL 62701
217/782-1809

G) Related rulemakings and other pertinent information: None

DEPARTMENT OF REVENUE

JULY, 1999 REGULATORY AGENDA

a) Part: Income Tax, 86 Ill. Adm. Code 100

1) Rulemaking:

A) Description: New rules will be added to Part 100 concerning the foreign tax credit against the income tax (IITA Section 601(b)(3), the tax credit for Tech Prep Youth Vocational Programs (IITA Section 209), the Dependent Care Assistance Credit (IITA Section 210), the election allowed for partnerships to pass investment credits through to their partners, credit carryovers and the signature requirements for tax return purposes), the reallocation of items under IITA Section 404, and the education expense credit under Public Act 91-0009.

Part 100 will be amended by the addition of rules defining "financial organization" within the meaning of 35 ILCS 5/1501(a)(8) as amended by P.A. 89-711.

Part 100 will be amended by adding rules and amending existing rules governing the apportionment of business income under 35 ILCS 5/304. Part 100 will be amended to update the provisions defining unitary business groups.

Part 100 will be amended to provide guidance for determining whether a nonresident has sufficient nexus to be subject to income taxation in Illinois.

Part 100 will be amended to clarify the rules governing the filing of composite returns by partnerships and Subchapter S corporations. Part 100 will be amended by adding rules providing guidance on the taxation of entities that are disregarded for federal income tax purposes, on the addition and subtraction modification allowed in IITA Section 203, on the credit for residential property taxes paid in IITA Section 208 and on the issue of when a taxpayer is subject to tax in another state under IITA Section 303(f).

Some rules changes will be made to Part 100, as a result of recent legislation, including legislation passed by the 91st General Assembly and signed by the Governor after the date of publication of this Agenda. As a result of the adoption of P.A. 88-669, rules with respect to acceptance of substitute W-2s will be proposed. The Department will also amend Part 100 as the result of Federal Public Law 104-95 (prohibiting taxation of nonresidential retirement income). Pursuant to federal P.L. 104-95, Part 100 will be revised to clarify that nonresident retirement income is exempt.

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Finally, the Department will continue the updating and correction of Part 100.

B) Statutory Authority: 35 ILCS 5/101 and 35 ILCS 5/1401

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: As noted above, there will be a number of rulemakings proposed with respect to Part 100 over the next six months. We anticipate filing rulemakings amending Part 100 on a regular basis during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These rulemakings will affect any business that incurs an income tax filing obligation.

F) Agency contact person for information:

Paul S. Caselton
Deputy General Counsel - Income Tax
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7055

G) Related rulemakings and other pertinent information: None

b) Part: Property Tax Code, 86 Ill. Adm. Code 110

1) Rulemaking:

A) Description: Adopt new rulemaking on the valuation, assessment and taxation of leasehold estates.

Amend existing rulemaking in Section 110.125 by striking subsection (a)(6) because the Department no longer performs this data-collection function.

Amend existing rulemaking in Section 110.155 to reflect the new education requirements for Board of Review members in commission counties under P.A. 90-552.

B) Statutory Authority: 35 ILCS 200/9-195, 15-55; 35 ILCS 200/6-30 through 6-32

C) Scheduled meetings/hearing dates: No schedule has been

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established at this time.

D) Date agency anticipates First Notice: We anticipate filing both rulemakings during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: The rulemaking regarding valuation, assessment and taxation of leasehold estates will affect any person or business entity leasing tax exempt real property. The rulemaking amending Section 110.155 will not have any effect on small business, small municipalities or not-for-profit corporations.

F) Agency contact person for information:

Jerry Lanter
Property Tax Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

c) Part: Real Estate Transfer Tax, 86 Ill. Adm. Code 120

1) Rulemaking:

A) Description: Repeal the Real Estate Transfer Tax regulations in Part 120 of the Illinois Administrative Code. Adopt new Real Estate Transfer regulations in Part 110 of the Illinois Administrative Code which list correct form numbers, clarify departmental policy, and answer common audit problems. This is necessary because the Real Estate Transfer Tax Act, as a separate Act, was repealed and incorporated as the Real Estate Transfer Tax Law in the Property Tax Code.

B) Statutory Authority: 35 ILCS 200/31-1 through 31-70

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing this rulemaking during the next six months of this year if pending legislation is enacted.

E) Affect on small business, small municipalities or not for profit corporations: This rulemaking will affect any person

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or business entity transferring title to real estate unless specifically exempted under Section 31-45 of the Property Tax Code.

F) Agency contact person for information:

Jerry Lanter
Property Tax Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
(217) 782-6996

G) Related rulemakings and other pertinent information: None

d) Part: Retailers' Occupation Tax, 86 Ill. Adm. Code 130

1) Rulemaking:

A) Description: Amendments will be made to update the Retailers' Occupation Tax regulations to reflect new statutory developments and decisional law. The Department will also continue the updating of Part 130.

B) Statutory Authority: 35 ILCS 120

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: As noted above, there will be a number of rulemakings proposed with respect to Part 130 over the next six months. We anticipate filing rulemakings amending Part 130 on a regular basis during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: Small businesses that sell tangible personal property at retail will be affected by these regulations.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7054

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G) Related rulemakings and other pertinent information: None

e) Part: Service Occupation Tax, 86 Ill. Adm. Code 140

1) Rulemaking:

A) Description: These rules are part of a general update of the Service Occupation Tax regulations to reflect new statutory developments and decisional law.

The Department will also continue the updating of Part 140.

B) Statutory Authority: 35 ILCS 115

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: As noted above, there will be a number of rulemakings proposed with respect to Part 140 over the next six months. We anticipate filing rulemakings amending Part 140 on a regular basis during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: Servicemen transferring tangible personal property incident to service will be affected by these rules.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7054

G) Related rulemakings and other pertinent information: None

f) Part: Use Tax, 86 Ill. Adm. Code 150

1) Rulemaking:

A) Description: Amendments will be made to update the Use Tax regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 35 ILCS 105

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C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 150 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Use Tax.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7054

G) Related rulemakings and other pertinent information: None

g) Part: Service Use Tax, 86 Ill. Adm. Code 160

1) Rulemaking:

A) Description: Amendments will be made to update the Service Use Tax regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 35 ILCS 110

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 160 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Service Use Tax.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue

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101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7054

G) Related rulemakings and other pertinent information: None

h) Part: Taxpayer Rights, 86 Ill. Adm. Code 205

1) Rulemaking:

A) Description: The rules under the Taxpayer's Bill of Rights will be updated.

B) Statutory Authority: 20 ILCS 2520

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: As noted above, there will be a number of rulemakings proposed with respect to Part 205 over the next six months. We anticipate filing rulemakings amending Part 205 on a regular basis during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These rulemakings will affect any business that incurs an income tax filing obligation.

F) Agency contact person for information:

Paul S. Caselton
Deputy General Counsel - Income Tax
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7055

G) Related rulemakings and other pertinent information: None

i) Part: Home Rule County Retailers' Occupation Tax, 86 Ill. Adm. Code 220

1) Rulemaking:

A) Description: Amendments will be made to update the Home Rule County Retailers' Occupation Tax regulations to reflect new statutory developments and decisional law.

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B) Statutory Authority: 55 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 220 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Home Rule County Retailers' Occupation Tax.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

j) Part: Home Rule County Service Occupation Tax, 86 Ill. Adm. Code 230

1) Rulemaking:

A) Description: Amendments will be made to update the Home Rule County Service Occupation Tax regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 55 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 230 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Home Rule County Service Occupation Tax.

F) Agency contact person for information:

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George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

k) Part: Home Rule Municipal Retailers' Occupation Tax, 86 Ill. Adm. Code 270

1) Rulemaking:

A) Description: Amendments will be made to update the Home Rule Municipal Retailers' Occupation Tax regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 65 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 270 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Home Rule Municipal Retailers' Occupation Tax.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

l) Part: Home Rule Municipal Service Occupation Tax, 86 Ill. Adm. Code 280

1) Rulemaking:

A) Description: Amendments will be made to update the Home Rule

Municipal Service Occupation Tax regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 65 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 280 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Home Rule Municipal Service Occupation Tax.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

m) Part: Home Rule Municipal Use Tax Imposed by Municipalities Having 2,000,000 or More Inhabitants, 86 Ill. Adm. Code 295

1) Rulemaking:

A) Description: Amendments will be made to update the regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 65 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 295 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Home Rule Municipal Use Tax.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

n) Part: Alcoholic Liquor Act, 86 Ill. Adm. Code 420

1) Rulemaking:

A) Description: Amendments will be made to update the Alcoholic Liquor Act regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 235 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 420 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Liquor Control Act of 1934.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

o) Part: Pull Tabs and Jar Games Act, 86 Ill. Adm. Code 432

1) Rulemaking:

A) Description: Amendments will be made to update the Pull Tabs

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and Jar Games Act regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 230 ILCS 20

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 432 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Pull Tabs and Jar Games Act.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7054

G) Related rulemakings and other pertinent information: None

p) Part: Cigarette Tax Act, 86 Ill. Adm. Code 440

1) Rulemaking:

A) Description: Amendments will be made to update the Cigarette Tax Act regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 35 ILCS 130

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 440 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Cigarette Tax Act.

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F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

q) Part: Cigarette Use Tax Act, 86 Ill. Adm. Code 450

1) Rulemaking:

A) Description: Amendments will be made to update the Cigarette Use Tax Act regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 35 ILCS 135

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 450 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Cigarette Use Tax Act.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

r) Part: Telecommunications Excise Tax, 86 Ill. Adm. Code 495

1) Rulemaking:

A) Description: The rules will be amended to clarify both

current statutory provisions and Department policy. Many new technologies have evolved since the Act was established, and the manner in which these technologies are taxed can be clarified in the rules.

B) Statutory Authority: 35 ILCS 630

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 495 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: Retailers of telecommunications will be affected by these regulations.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-7054

G) Related rulemakings and other pertinent information: None

s) Part: Motor Fuel Tax, 86 Ill. Adm. Code 500

1) Rulemaking:

A) Description: Amendments will be made to update the Motor Fuel Tax regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 35 ILCS 505

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: As noted above there will be a number of rulemakings proposed with respect to Part 500 over the next six months. We anticipate filing rulemakings amending Part 500 on a regular basis during the second six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: Distributors, suppliers and receivers of motor fuel, as well as persons paying Motor Fuel Use Tax under the International Fuel Tax Agreement.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

t) Part: Public Utilities Revenue Act, 86 Ill. Adm. Code 510

1) Rulemaking:

A) Description: Amendments will be made to update the Public Utilities Revenue Act regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 35 ILCS 620

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: As noted above, there will be a number of rulemakings proposed with respect to Part 510 over the next six months. We anticipate filing rulemakings amending Part 510 on a regular basis during the second six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Public Utilities Revenue Act.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

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G) Related rulemakings and other pertinent information: None

u) Part: Special County Retailers' Occupation Tax For Public Safety, 86 Ill. Adm. Code 670

1) Rulemaking:

A) Description: Amendments will be made to update the Special County Retailers' Occupation Tax For Public Safety regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 55 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 670 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: These amendments will affect persons subject to the Special County Retailers' Occupation Tax For Public Safety.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

v) Part: Special County Service Occupation Tax For Public Safety, 86 Ill. Adm. Code 680

1) Rulemaking:

A) Description: Amendments will be made to update the Special County Service Occupation Tax For Public Safety regulations to reflect new statutory developments and decisional law.

B) Statutory Authority: 55 ILCS 5

C) Scheduled meetings/hearing dates: No schedule has been

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established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings amending Part 680 during the next six months of this year.

E) Affect on small business, small municipalities or not for profit lorporations: These amendments will affect persons subject to the Special County Service Occupation Tax For Public Safety.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

w) Part: Payment of Taxes by Electronic Funds Transfer, 86 Ill. Adm. Code 750

1) Rulemaking:

A) Description: Amendments will be made to update the Payment of Taxes by Electronic Funds Transfer regulations.

B) Statutory Authority: 35 ILCS 120

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: This rulemaking will affect taxpayers making payment of taxes by electronic funds transfer.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500

DEPARTMENT OF REVENUE

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Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

x) Part: Electricity Excise Tax

1) Rulemaking:

A) Description: New rulemaking to reflect new statutory developments.

B) Statutory Authority: 35 ILCS 640

C) Scheduled meetings/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: We anticipate filing rulemakings during the next six months of this year.

E) Affect on small business, small municipalities or not for profit corporations: This rulemaking will affect electric utilities.

F) Agency contact person for information:

George Sorensen
Associate Chief Counsel
Illinois Department of Revenue
101 W. Jefferson, 5-500
Springfield, IL 62794
Telephone: (217) 782-6996

G) Related rulemakings and other pertinent information: None

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS

JULY 1999, REGULATORY AGENDA

1) Part(s) (Heading and Code Citation): The Administration and Operation of the State Employees' Retirement System of Illinois (80 Ill. Adm. Code 1540)

A) Description: Amends pickup option for optional service contributions rule (80 Ill. Adm. Code 1540.255) for disability recipients who become disabled before the final purchase of credit.

B) Statutory Authority: 40 ILCS 5/14-135.03

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: September 1, 1999

E) Affect on small businesses, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Name: Michael L. Mory,
Executive Secretary
State Employees' Retirement System of Illinois
Address: P.O. Box 19255 - 2101 South Veterans
Parkway
Springfield, Illinois 62794-9255
Telephone: 217-785-7444

G) Related rulemakings and other pertinent information: None

DEPARTMENT OF TRANSPORTATION

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a) Part(s) (Heading and Code Citation): Relocation Assistance and Payments Program; 92 Ill. Adm. Code 518

1) Rulemaking:

A) Description: The Department will propose changes to, among other things, comply with revisions made to the federal Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. [42 USC 4601 et seq.]

B) Statutory Authority: 605 ILCS 5/3-107.1 through 3-107.1f and 4-511

C) Scheduled meeting/hearing date: None scheduled

D) Date agency anticipates First Notice: Within six months

E) Effect on small businesses, small municipalities or not for profit corporations: This rulemaking will not affect small businesses or not-for-profit organizations. Small municipalities will not be impacted by this rule.

F) Agency contact person for information:

Name: Christine Caronna-Beard, Rules Manager
Address: Illinois Department of Transportation
Office of Chief Counsel, Room 300
2300 South Dirksen Parkway
Springfield, Illinois 62764
Telephone: 217-782-3215

G) Related rulemakings and other pertinent information: None

b) Part(s) (Heading and Code Citation): Motor Carrier Safety Regulations; 92 Ill. Adm. Code 386, 390, 391, 392, 393, 395, 396 and 397

1) Rulemaking:

A) Description: The Department will update and correct text for consistency with the federal Motor Carrier Safety Regulations.

B) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law. [625 ILCS 5/Ch. 18B]

C) Scheduled meeting/hearing date: None scheduled

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D) Date agency anticipates First Notice: Within six months

E) Effect on small businesses, small municipalities or not for profit corporations: This rulemaking will impact small businesses and not-for-profit corporations that own or operate commercial motor vehicles.

F) Agency contact person for information:

Name: Christine Caronna-Beard, Rules Manager
Address: Illinois Department of Transportation
Office of Chief Counsel, Room 300
2300 South Dirksen Parkway
Springfield, Illinois 62764
Telephone: 217-782-3215

G) Related rulemakings and other pertinent information: None

c) Part(s) (Heading and Code Citation): Policy on Permits for Access Driveways to State Highways; 92 Ill. Adm. Code 550

1) Rulemaking:

A) Description: This Part will be revised and updated to bring it into conformance with current design standards.

B) Statutory Authority: Implementing and authorized by Sections 4-210, 4-211 and 4-212 of the Illinois Highway Code [605 ILCS 5/4-210, 4-211 and 4-212] and the Plat Act [765 ILCS 205]

C) Scheduled meeting/hearing date: None scheduled

D) Date agency anticipates First Notice: Within six months

E) Effect on small businesses, small municipalities or not for profit corporations: Any small business desiring access to the State highway system via a driveway will be required to make application for a permit and to comply with the requirements of this Part.

F) Agency contact person for information:

Name: Christine Caronna-Beard, Rules Manager
Address: Illinois Department of Transportation
Office of Chief Counsel, Room 300
2300 South Dirksen Parkway
Springfield, Illinois 62764

DEPARTMENT OF TRANSPORTATION

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Telephone: 217-782-3215

G) Related rulemakings and other pertinent information: None

d) Part(s) (Heading and Code Citation): Disadvantaged Business Enterprises; 92 Ill. Adm. Code 10

1) Rulemaking:

A) Description: The Department will amend this Part on certification of firms as disadvantaged businesses by incorporating changes required by USDOT's recent final rule on disadvantaged business enterprises. The federal final rule can be found at 64 Fed. Reg. 5096, February 2, 1999.

B) Statutory Authority: Implementing and authorized by Sections 3-101, 3-103, and 4-201.1 of the Illinois Highway Code [605 ILCS 5/3-101, 3-103, and 4-201.1]

C) Scheduled meeting/hearing date: None scheduled

D) Date agency anticipates First Notice: Within six months

E) Effect on small businesses, small municipalities or not for profit corporations: No effect on small municipalities and not-for-profit corporations. With respect to small businesses, the new rules will, among other things, impact those businesses in the following ways:

. Applicants will be required to show, by a preponderance of the evidence, that they meet size, group membership, and ownership and control standards. The current rule does not provide for a specific standard of proof.

. A limit of $750,000 personal net worth for eligibility has been established in the federal rule for a person to be considered economically disadvantaged. The current rule does not limit eligibility with respect to personal net worth.

. A unified certification program, as described in the federal rule, will provide for "one-stop shopping" for DBE firms. Applicants will complete one form and undergo one application process. The current rule does not provide for this.

. Ownership and control issues will be clarified by the

DEPARTMENT OF TRANSPORTATION

JULY 1999 REGULATORY AGENDA

new rules.

. Certification will last a period of three years thereby eliminating the need for annual recertification under the current rules.

F) Agency contact person for information:

Name: Christine Caronna-Beard, Rules Manager
Address: Illinois Department of Transportation
Office of Chief Counsel, Room 300
2300 South Dirksen Parkway
Springfield, Illinois 62764
Telephone: 217-782-3215

G) Related rulemakings and other pertinent information: None

JOINT COMMITTEE ON ADMINISTRATIVE RULES

JAMES R. THOMPSON CENTER
ROOM 16-503
CHICAGO, ILLINOIS
10:30 A.M.
JULY 20, 1999

NOTICES: Due to *Register* submittal deadlines, the Agenda below may be incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting.

It is the policy of the Committee to allow only representatives of State agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706

RULEMAKINGS SCHEDULED FOR JCAR REVIEW

The following rulemakings are scheduled for review at this meeting. JCAR staff may be proposing action with respect to some of these rulemakings. JCAR members may have questions concerning, and may initiate action with respect to, any item scheduled for JCAR review and any other issues within the Committee's purview.

PROPOSED RULEMAKINGS

Attorney General

1. Attorney General's Procurement (44 Ill Adm Code 1300)
   -First Notice Published: 23 Ill Reg 5204 - 4/30/99
   -Expiration of Second Notice: 8/6/99

Central Management Services

2. Pay Plan (80 Ill Adm Code 310)
   -First Notice Published: 23 Ill Reg 5215 - 4/30/99
   -Expiration of Second Notice: 8/4/99

3. Pay Plan (80 Ill Adm Code 310)
   -First Notice Published: 23 Ill Reg 5300 - 5/7/99
   -Expiration of Second Notice: 8/6/99

Housing Development Authority

4. Affordable Housing Program (47 Ill Adm Code 360)
   -First Notice Published: 23 Ill Reg 4579 - 4/23/99

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   -Expiration of Second Notice: 8/11/99

Human Services

5. Administrative Law Judges (2 Ill Adm Code 1027)
   -First Notice Published: 23 Ill Reg 4349 - 4/16/99
   -Expiration of Second Notice: 8/7/99

6. Administration (59 Ill Adm Code 101)
   -First Notice Published: 23 Ill Reg 4584 - 4/23/99
   -Expiration of Second Notice: 8/12/99

7. Treatment and Habilitation Services (59 Ill Adm Code 112)
   -First Notice Published: 23 Ill Reg 4598 - 4/23/99
   -Expiration of Second Notice: 8/12/99

8. Standards and Requirements for Pre-Admission Screening and Participating Mental Health Centers (59 Ill Adm Code 258)
   -First Notice Published: 23 Ill Reg 4363 - 4/16/99
   -Expiration of Second Notice: 8/7/99

9. WIC Vendor Management Code (77 Ill Adm Code 672)
   -First Notice Published: 23 Ill Reg 4365 - 4/16/99
   -Expiration of Second Notice: 8/7/99

10. Repeal of Rules of Practice and Procedure in Administrative Hearings (77 Ill Adm Code 2000)
    -First Notice Published: 23 Ill Reg 4361 - 4/16/99
    -Expiration of Second Notice: 8/7/99

11. Alcoholism and Substance Abuse Treatment and Intervention Licenses (77 Ill Adm Code 2060)
    -First Notice Published: 23 Ill Reg 4351 - 4/16/99
    -Expiration of Second Notice: 8/7/99

12. Related Program Provisions (89 Ill Adm Code 117)
    -First Notice Published: 23 Ill Reg 3893 - 4/2/99
    -Expiration of Second Notice: 8/31/99

13. Related Program Provisions (89 Ill Adm Code 117)
    -First Notice Published: 23 Ill Reg 5442 - 5/7/99
    -Expiration of Second Notice: 8/12/99

14. Administrative Hearings (89 Ill Adm Code 508)

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-First Notice Published: 23 Ill Reg 4347 - 4/16/99
-Expiration of Second Notice: 8/7/99

15. Recovery of Misspent Funds (89 Ill Adm Code 527)
-First Notice Published: 23 Ill Reg 4359 - 4/16/99
-Expiration of Second Notice: 8/7/99

16. Non-Academic Programs and Policies (89 Ill Adm Code 830)
-First Notice Published: 22 Ill Reg 16761 - 9/25/98
-Expiration of Second Notice: 8/15/99

Natural Resources

17. Cock Pheasant, Hungarian Partridge, Bobwhite Quail and Rabbit Hunting (17 Ill Adm Code 530)
-First Notice Published: 23 Ill Reg 4617 - 4/23/99
-Expiration of Second Notice: 7/24/99

18. Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting (17 Ill Adm Code 550)
-First Notice Published: 23 Ill Reg 4671 - 4/23/99
-Expiration of Second Notice: 7/23/99

19. Muskrat, Mink, Raccoon, Opossum, Striped Skunk, Weasel, Red Fox, Gray Fox, Coyote, Badger, Beaver and Woodchuck (Groundhog) Trapping (17 Ill Adm Code 570)
-First Notice Published: 23 Ill Reg 4660 - 4/23/99
-Expiration of Second Notice: 7/23/99

20. Squirrel Hunting (17 Ill Adm Code 690)
-First Notice Published: 23 Ill Reg 4679 - 4/23/99
-Expiration of Second Notice: 7/31/99

21. The Taking of Wild Turkeys - Fall Gun Season (17 Ill Adm Code 715)
-First Notice Published: 23 Ill Reg 4696 - 4/23/99
-Expiration of Second Notice: 7/23/99

22. The Taking of Wild Turkeys - Fall Archery Season (17 Ill Adm Code 720)
-First Notice Published: 23 Ill Reg 4687 - 4/23/99
-Expiration of Second Notice: 7/23/99

23. Dove Hunting (17 Ill Adm Code 730)
-First Notice Published: 23 Ill Reg 4648 - 4/23/99
-Expiration of Second Notice: 7/23/99

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24. Crow, Woodcock, Snipe, Rail and Teal Hunting (17 Ill Adm Code 740)
-First Notice Published: 23 Ill Reg 4638 - 4/23/99
-Expiration of Second Notice: 7/23/99

25. Operation of Watercraft Carrying Passengers for Hire on Illinois Waters (17 Ill Adm Code 2080)
-First Notice Published: 23 Ill Reg 4667 - 4/23/99
-Expiration of Second Notice: 7/23/99

Pollution Control Board

26. Introduction (35 Ill Adm Code 301)
-First Notice Published: 23 Ill Reg 3563 - 3/26/99
-Expiration of Second Notice: 8/5/99

27. Water Quality Standards (35 Ill Adm Code 302)
-First Notice Published: 23 Ill Reg 3586 - 3/26/99
-Expiration of Second Notice: 8/5/99

28. Permits (35 Ill Adm Code 309)
-First Notice Published: 23 Ill Reg 3573 - 3/26/99
-Expiration of Second Notice: 8/5/99

Professional Regulation

29. Podiatric Medical Practice Act of 1987 (68 Ill Adm Code 1360)
-First Notice Published: 23 Ill Reg 4379 - 4/16/99
-Expiration of Second Notice: 7/31/99

Public Aid

30. Medical Payment (89 Ill Adm Code 140)
-First Notice Published: 23 Ill Reg 4203 - 4/9/99
-Expiration of Second Notice: 7/23/99

Revenue

31. Retailers' Occupation Tax (86 Ill Adm Code 130)
-First Notice Published: 22 Ill Reg 15533 - 8/28/98
-Expiration of Second Notice: 7/22/99

32. Retailers' Occupation Tax (86 Ill Adm Code 130)
-First Notice Published: 23 Ill Reg 5224 - 4/30/99
-Expiration of Second Notice: 8/7/99

JOINT COMMITTEE ON ADMINISTRATIVE RULES

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EMERGENCY AND PEREMPTORY RULEMAKINGS

Natural Resources

33. Sport Fishing Regulations for the Waters of Illinois (17 Ill Adm Code 810) (Emergency)
-Notice Published: 23 Ill Reg 7317 - 6/25/99

AGENCY RESPONSES

Farm Development Authority

34. Illinois Farm Development Authority (8 Ill Adm Code 1400)

State Police

35. Law Enforcement Agencies Data System (LEADS) (20 Ill Adm Code 1240)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of June 29, 1999 through July 6, 1999 and have been scheduled for review by the Committee at its July 20, 1999 or August 17, 1999 meetings in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
8/12/99	Department of Human Services, Administration (59 Ill Adm Code 101)	4/23/99 23 Ill Reg 4584	7/20/99
8/12/99	Department of Human Services, Related Program Provisions (89 Ill Adm Code 117)	5/7/99 23 Ill Reg 5442	7/20/99
8/12/99	Department of Human Services, Treatment and Habilitation Services (59 Ill Adm Code 112)	4/23/99 23 Ill Reg 4598	7/20/99
8/15/99	Department of Human Services, Medicaid Community Mental Health Services Program (59 Ill Adm Code 132)	4/16/99 23 Ill Reg 4353	7/20/99
8/15/99	Department of Human Services, Minimum Standards for Certification of Developmental Training Programs (59 Ill Adm Code 119)	4/16/99 23 Ill Reg 4355	7/20/99
8/15/99	Department of Human Services, Office of Inspector General Investigations of Alleged Abuse or Neglect and Deaths in State-Operated and Community Agency Facilities (59 Ill Adm Code 50)	4/16/99 23 Ill Reg 4357	7/20/99
8/15/99	Department of Public Aid, Managed Care Community Networks (89 Ill. Adm. Code 143)	4/9/99 23 Ill Reg 4201	7/20/99
8/19/99	Illinois Commerce Commission, Certification of Alternative Retail Electric Suppliers (83 Ill Adm Code	1/29/99 23 Ill Reg 1180	8/17/99

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

451)

99-13
EXECUTIVE ORDER REGARDING THE YUGOSLAVIA/KOSOVO THEATER OF OPERATIONS AND STATE OF ILLINOIS EMPLOYEES

Whereas, the United States has sent peace-keeping forces to the Yugoslavia/Kosovo Theater of Operations; and

Whereas, State of Illinois employees have been activated and others may be called to serve in active military duty in connection with the Yugoslavia/Kosovo Theater of Operations peace-keeping effort;

Therefore, I, George H. Ryan, order the following:

I. That any full-time employee of the State of Illinois under my control, who is a member of any reserve component of the United States Armed Forces, including the Illinois National Guard, who is mobilized to active military duty in connection with the peace-keeping efforts underway in the Yugoslavia/Kosovo Theater of Operations, shall continue to receive his or her regular compensation as a State employee, plus any health insurance and other benefits he or she is currently receiving, minus the amount of his or her base pay for military activities.

II. I further order the Department of Central Management Services to immediately commence negotiations with the appropriate collective bargaining representatives on terms and conditions consistent with this order. CMS also shall coordinate with all other State and federal agencies and take all other actions necessary to implement this order.

This Executive Order Number 13(1999) shall take effect upon filing with the Secretary of State.

Issued by the Governor June 16, 1999.

Filed with the Secretary of State June 16, 1999.

99-14
EXECUTIVE ORDER CONCERNING PAYMENTS OF REPARATIONS TO VICTIMS OF THE HOLOCAUST AND THEIR HEIRS

Whereas, there is a growing awareness on the part of citizens throughout the world of the moral obligation to make reparations to victims of the holocaust;

Whereas, the people of the State of Illinois are aware that no amount of monetary damages can fully compensate the holocaust victims, and they encourage and approve the payment of reparations;

Whereas, Illinois taxpayers who are entitled to (1) distributions because of their status as victims of persecution for ethnic, racial or religious reasons by Nazi Germany and any other Axis regime or heirs of such victims, and (2) any increase in value of assets from the time such assets were stolen from, hidden from or otherwise lost to victims of persecution, or monetary compensation in lieu of the assets, should not have those reparations be diminished by State income taxation;

Whereas, the governments of the United States and of the Federal Republic of Germany, in their income tax treaty of 1989, have recognized that governments should not diminish the amount of reparations payable to holocaust victims by subjecting reparations to income taxation; and

Whereas, the Internal Revenue Service has historically interpreted provisions of the Internal Revenue Code in such a manner so as to exclude from taxation reparations payable to holocaust victims to the greatest extent

possible, consistent with the law;

Therefore, I, George H. Ryan, hereby order the following:

The Illinois Department of Revenue shall work to interpret all relevant State laws, federal laws and treaties in a consistent manner so as to exclude from Illinois income taxation reparations payable to holocuast victims to the greatest extent possible, consistent with its duties to enforce the law.

Be it further ordered that, if the Illinois Department of Revenue should determine that some future reparations payable to holocaust victims are not clearly excluded from Illinois income taxation, the Illinois Department of Revenue shall propose the necessary legislation to clearly exclude such reparations from taxation.

This Executive Order Number 14(1999) shall be effective upon filing with the Secretary of State.

Issued by the Governor June 24, 1999.

Filed by the Secretary of State June 25, 1999.

PROCLAMATIONS

99-271
AMERICAN BALD EAGLE DAY

WHEREAS, the bald eagle was designated as the United State's national emblem on June 20, 1782, by our country's founding fathers during the Second Continental Congress; and

WHEREAS, the bald eagle is unique to North America and represents the American values of freedom, courage, strength and spirit; and

WHEREAS, the bald eagle is the central image used in the great seal of the United States and the emblems of many branches of the U.S. Government; and

WHEREAS, the bald eagle's image and symbolism have played a significant role in the beliefs, traditions and lifestyles of the U.S. Military and Native Americans throughout history; and

WHEREAS, the bald eagle's image and symbolism have played a significant role in American art, music, literature, commerce and culture since the founding of our country; and

WHEREAS, the bald eagle, once endangered and near extinction, is making a gradual comeback to America's skies; and

WHEREAS, the recovery of the bald eagle population was accomplished due to the vigilant efforts of numerous caring agencies, corporations and citizens;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 20, 1999, as AMERICAN BALD EAGLE DAY in Illinois.

Issued by the Governor June 14, 1999.

Filed by the Secretary of State June 22, 1999.

99-272
BLACK DATA PROCESSING ASSOCIATES CHICAGO CHAPTER DAY

WHEREAS, the Black Data Processing Associates (BDPA) was founded in 1975 in Philadelphia, Pennsylvania, to strengthen the expertise of minority members of the information technology community, offer this expertise to those minorities evaluating information technology for a career or business potential, and broaden the information technology knowledge of the minority community as a whole; and

WHEREAS, the BDPA has grown into a national organization of over 50 chapters and 2,000 members across the country; and

WHEREAS, BDPA Chicago was chartered March 16, 1986, and is now the largest BDPA Chapter in the United States with over 300 members; and

WHEREAS, BDPA Chicago's main focus is a life cycle program for information technology, supporting the information technology professional from classroom to board room; and

WHEREAS, Congressman Jesse L. Jackson, Jr. will be the keynote speaker at the BDPA Chicago Chapter's 11th Annual Education Banquet on June 19, 1999, in Chicago;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 19, 1999, as BLACK DATA PROCESSING ASSOCIATES CHICAGO CHAPTER DAY in Illinois.

Issued by the Governor June 14, 1999.

Filed by the Secretary of State June 22, 1999.

99-273
YEAR OF THE SMALL MANUFACTURER

Whereas, small manufacturers make up more than 98 percent of all US manufacturers and employ more than 12.2 million people or more than 65 percent of all US manufacturing workers; and

Whereas; manufacturing represents 17 percent of the nation's GDP or $1.4 trillion in 1997; and

Whereas, small firms produce 55 percent of all innovations and boast more than twice as many product innovations per employee than large firms; and

Whereas, large manufacturers are dependent upon the products and services of small manufacturers; and

Whereas, small manufacturers are less likely than larger firms to know about and have the ability to implement technological innovations, modern manufacturing processes and current business practices; and

Whereas, the strength and well-being of Illinois' economy is dependent upon the contributions of Illinois' small manufacturers; and

Whereas, the Chicago Manufacturing Center and the Illinois Manufacturing Extension Center are playing a vital role in helping small manufacturers overcome barriers to their productivity and competitiveness;

Therefore, I, George H. Ryan, Governor of the State of Illinois, proclaim 1999 as YEAR OF THE SMALL MANUFACTURER in Illinois.

Issued by the Governor June 14, 1999.

Filed by the Secretary of State June 22, 1999.

99-274
BARRINGTON CHILDREN'S CHOIR DAYS

WHEREAS, established in 1986, the Barrington Children's Choir of Barrington, Illinois, is comprised of over 100 talented children, ranging in age from nine to 18, who perform a wide and varied repertoire; and

WHEREAS, the members of the Barrington Children's Choir commit a significant amount of time each week to rehearsals and performances; and

WHEREAS, the Barrington Children's Choir was selected from over 1,100 choir applicants to be one of 12 participating choirs in the 1996 National Youth Choral Festival held in New York's Carnegie Hall; and

WHEREAS, in 1997, choir members traveled to England to participate in the International Choir Festival held at the renowned Canterbury Cathedral as well as stops in London's Westminster Hall, Exeter College in Oxford, and several historical churches including Holy Trinity Church in Statford-upon-Avon, the birthplace and burial site of Shakespeare; and

WHEREAS, the Barrington Children's Choir, under the direction of Peggy Crawford, has been invited by the mayors of Vienna, Salzburg, Graz and Innsbruck in Austria to represent the State of Illinois in the "American Celebration of Music in Austria" June 12-25, 1999;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 12-25, 1999, as BARRINGTON CHILDREN'S CHOIR DAYS in Illinois.

Issued by the Governor June 15, 1999.

Filed by the Secretary of State June 22, 1999.

99-275
DESTROYER ESCORTS DAY

WHEREAS, Destroyer Escorts were a special class of fighting ships introduced in World War II. Of the approximately 100,000 men who crewed these vessels during World War II, the Korean War and the Vietnam War, more than 9,000 of the officers and enlisted sailors came from the State of Illinois; and

WHEREAS, Destroyer Escorts successfully completed a wide variety of combat assignments including anti-submarine duty, convoy escorts, shore bombardments and search and rescue missions; and

WHEREAS, the brave individuals who manned these ships displayed an unwavering devotion to duty, many making the ultimate sacrifice; and

WHEREAS, the Northern Illinois Destroyer Escort Sailors Association has over 500 members who have joined together for mutual comradeship; and

WHEREAS, no Destroyer Escorts remain on active duty today; and

WHEREAS, it is a privilege and an honor to remember these proud ships and the men who served them;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 19, 1999, as DESTROYER ESCORTS DAY in Illinois.

Issued by the Governor June 15, 1999.

Filed by the Secretary of State June 22, 1999.

99-276
FESTA ITALIANA DAYS

WHEREAS, August 6-8, 1999, the Italian community of Rockford, Illinois, will celebrate with the largest ethnic festival in Northern Illinois; and

WHEREAS, Chairman Mike Verina announces that 1999 marks the 21st anniversary of the Festa Italiana and the theme of the Festival is "The Year Of The Child"; and

WHEREAS, Festa Italiana will be held at Boylan Catholic High School Grounds and the Sunday Mass will honor the St. Ambroso Club; and

WHEREAS, Festa Italiana will be a celebration of Italian artists, folklore, singing, dancing, and crafts and will include a Bocce tournament; and

WHEREAS, thousands of Italian Americans have been living in Illinois for generations and have contributed much to the progress and development of the state;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 6-8, 1999, as FESTA ITALIANA DAYS in Illinois.

Issued by the Governor June 15, 1999.

Filed by the Secretary of State June 22, 1999.

99-277
INDEPENDENT ORDER OF VIKINGS DAYS

WHEREAS, the Independent Order of Vikings was originally chartered in Chicago, Illinois, in 1892; and

WHEREAS, Ellida Lodge #25 of the Independent Order of Vikings was charted on February 11, 1906; and

WHEREAS, the Independent Order of Vikings was established to preserve Scandinavian heritage and to provide for moral and intellectual growth of its members; and

WHEREAS, Ellida supports many charities in the Rockford, Illinois, area; and

WHEREAS, Ellida Lodge #25 will be hosting the National Convention for the

Independent Order of Vikings June 24-26, 1999, in Rockford, Illinois; and

WHEREAS, Chief of Ellida Lodge, Raymond P. Knutson, will be installed as Grand Chief of the Order on June 26, 1999;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 24-26, 1999, as INDEPENDENT ORDER OF VIKINGS DAYS in Illinois.

Issued by the Governor June 15, 1999.

Filed by the Secretary of State June 22, 1999.

99-278
GREAT SEAL DAY

WHEREAS, on July 4, 1776, the Continental Congress established a committee to design a National Seal which would reflect the Founding Fathers' beliefs, values and sovereignty of the new nation; and

WHEREAS, the final design selected contains on the front of the Great Seal the coat of arms of the United States, which is the symbol and badge of this nation's government; and

WHEREAS, the Great Seal is a heraldic device and, as such, each element displayed upon it has a specific meaning; and

WHEREAS, the Great Seal is used to emboss its design upon International Treaties and other official United States Government documents. Both sides of the Great Seal, obverse and reverse, are printed on the back of the one dollar bill;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 20, 1999, as GREAT SEAL DAY in Illinois.

Issued by the Governor June 15, 1999.

Filed by the Secretary of State June 22, 1999.

99-279
ANTI-CRUELTY SOCIETY DAY

WHEREAS, Illinois is proud to be home to The Anti-Cruelty Society, one of the largest and most influential humane organizations in the United States; and

WHEREAS, in 1999, The Anti-Cruelty Society has reached its 100th year of caring for Chicago's animals and educating its people; and

WHEREAS, for a full century, The Anti-Cruelty Society has earned the admiration and respect of animal-lovers; and

WHEREAS, The Anti-Cruelty Society has demonstrated its ongoing dedication to animals well into the future even through the naming of its centennial celebration, "A Legacy of Caring: A Vision of Hope for the 21st Century"; and

WHEREAS, on June 26, 1999, The Anti-Cruelty Society will celebrate its centennial anniversary in Chicago;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 26, 1999, as ANTI-CRUELTY SOCIETY DAY in Illinois.

Issued by the Governor June 21, 1999.

Filed by the Secretary of State June 25, 1999.

99-280
EDWARD J. MONROE DAY

WHEREAS, The Bowl of Hygeia is the highest honor bestowed upon a pharmacist; and

WHEREAS, the award, given annually by Wyeth-Ayerst Laboratories, recognizes a pharmacist in each state who exemplifies the profession of pharmacy through community service and dedication; and

WHEREAS, Edward J. Monroe has worked continuously for his community, church and profession; and

WHEREAS, Edward J. Monroe of Peoria received 1998 The Bowl of Hygeia award;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 30, 1999, as EDWARD J. MONROE DAY in Illinois.

Issued by the Governor June 21, 1999.

Filed by the Secretary of State June 25, 1999.

99-281
ENOS LODGE #2 DAY

WHEREAS, the Enos Lodge #2 is a Masonic Lodge that is a member of the St. John The Evangelist Grand Lodge; and

WHEREAS, members of the Enos Lodge #2 try to live according to the motto "Live as an Example or Watch Life Being Lost in the Consequence"; and

WHEREAS, the members of the Enos Lodge #2 are active in their community and are engaged in numerous outreach activities; and

WHEREAS, the Enos Lodge #2 adopts underprivileged families during the holiday season, supports various churches and community-based organizations and takes part in youth monitoring programs; and

WHEREAS, the Enos Lodge #2 is an organization that stands for community and is dedicated to serving their fellow man;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 26, 1999, as ENOS LODGE #2 DAY in Illinois.

Issued by the Governor June 21, 1999.

Filed by the Secretary of State June 25, 1999.

99-282
GSA GREAT LAKES REGION DAY

WHEREAS, General Services Administration (GSA) was established July 1, 1949, by the Federal Property and Administrative Services Act and signed into law by President Harry S. Truman to avoid "senseless duplication, excess cost, and confusion in handling supplies and providing space"; and

WHEREAS, GSA Great Lakes Region, headquartered in Chicago, covers six states (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin) and has a workforce of 1,027 employees; and

WHEREAS, the Great Lakes Region manages a regional inventory of 195 government-owned public buildings -- both historic properties and new construction -- and leases 801 locations from the private sector to provide workplaces that house 107 federal agencies with 97,727 employees, and it houses two of the largest sculptures of diverse art in Chicago -- "Flamingo" by Alexander Calder and "Bat Column" by Claes Oldenburg; and

WHEREAS, the GSA, Great Lakes Region promotes contracting with small, minority, and women-owned businesses and is a distribution channel for commodities produced by the National Institutes for the Blind, and it provides local, long-distance, Internet and wireless services for federal agencies at highly competitive rates; and

WHEREAS, the Great Lakes Region oversees family-friendly programs in the federal workplace, including childcare centers and telecommuting centers, and it is a leader in environmental programs through its Planet GSA initiative; and

WHEREAS, the Great Lakes Region has built partnerships with cities, reinforced downtown locations and encouraged civic, educational and retail activities in federal buildings and plazas through its Good Neighbor Program, and it has donated surplus federal real and personal property to schools, hospitals, local governments and non-profit organizations; and

WHEREAS, for 50 years, the General Services Administration has had a significant presence in cities and towns nationwide and touches the lives of most Americans in some way; and

WHEREAS, on July 1, 1999, the General Services Administration (GSA) will celebrate its 50th year as a federal agency in Chicago;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim July 1, 1999, as GSA GREAT LAKES REGION DAY in Illinois.

Issued by the Governor June 21, 1999.

Filed by the Secretary of State June 25, 1999.

99-283
MBC GOSPEL NETWORK

WHEREAS, the MBC Gospel Network is the nation's only African American, 24-hour, seven days a week television network that is dedicated to the family; and

WHEREAS, the MBC Gospel Network has become an integral part of the nation's spiritual community; and

WHEREAS, Mr. Willie E. Gary, Mr. Evander Holyfield, Mr. Cecil G. Fielder, Mr. Morlon D. Jackson and Mr. Alvin D. James have invested millions of dollars over the past several years to make the MBC Gospel Network a reality; and

WHEREAS, the MBC Gospel Network has been broadcasting original television shows, gospel music and inspirational films since November of 1998;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, do hereby recognize the outstanding achievements of the owners and executives of the MBC Gospel Network.

Issued by the Governor June 21, 1999.

Filed by the Secretary of State June 25, 1999.

99-284
UNITED NEIGHBORHOOD ORGANIZATION DAY

WHEREAS, the United Neighborhood Organization of Chicago (UNO) is a nonprofit community-based group striving to stabilize and improve Chicago's Latino immigrant neighborhoods through education, citizenship, home ownership and economic development; and

WHEREAS, creating a safe, upwardly progressing environment for residents and business is central to UNO's efforts; and

WHEREAS, UNO pursues its goal of stable, healthy communities throughout the city by developing strategic partnerships with key institutions, such as schools and churches, within and across neighborhoods; and

WHEREAS, UNO's organizing philosophy is based on the belief that immigrant communities are sustained by working-class families that share a strong work ethic and value self-improvement, stability and responsibility; and

WHEREAS, since the early 1980s, UNO has worked to improve Chicago's public school system, largely at the elementary and junior high levels, and played a key role in generating public support for reform initiatives;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 28, 1999, as UNITED NEIGHBORHOOD ORGANIZATION DAY in Illinois.

Issued by the Governor June 21, 1999.

Filed by the Secretary of State June 25, 1999.

99-285
CANDO DAY

WHEREAS, the Chicago Association of Neighborhood Development Organizations (CANDO) has fostered neighborhood growth through its assistance and support of neighborhood nonprofit organizations which attract new retail stores and make their shopping areas more appealing and attractive; and

WHEREAS, the efforts of CANDO, and those of its members, to promote industrial retention and expansion have contributed to thousands of jobs being saved and created in areas close to where neighborhood workers live; and

WHEREAS, Chicago small businesses in general and minority- and women-owned businesses in particular have been nurtured over the years by financing from CANDO's small-business lending programs; and

WHEREAS, CANDO and its member organizations comprise the largest citywide coalition of neighborhood economic development organizations in the United States; and

WHEREAS. CANDO is dedicated to making Chicago neighborhoods better places to live, work and shop; and

WHEREAS, CANDO is celebrating 20 years of service to Chicago's nonprofit neighborhood economic development;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 17, 1999, as CANDO DAY in Illinois.

Issued by the Governor June 22, 1999.

Filed by the Secretary of State June 25, 1999.

99-286
ROTARY CLUB OF DARIEN DAY

WHEREAS, the Rotary Club of Darien, Illinois, was chartered in April of 1974; and

WHEREAS, Darien Rotarians are committed to following a "Four-Way Test" in their lives to encourage truth, fairness, good will/friendships and activity in the community; and

WHEREAS, Darien Rotarians encourage and foster the ideal of "Service Above Self" in the Darien community; and

WHEREAS, Darien Rotarians are committed to serving the people and the community of Darien with community outreach efforts such as the Grants-in-Aid Program, the International Ambassadorial Scholarship Program and a program to recognize the accomplishments of students at the Darien High School; and

WHEREAS, the Rotary Club of Darien will be celebrating its 25th anniversary on June 27, 1999;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 27, 1999, as ROTARY CLUB OF DARIEN DAY in Illinois.

Issued by the Governor June 22, 1999.

Filed by the Secretary of State June 25, 1999.

99-287
VETERANS' WIDOWS DAY

WHEREAS, for more than 200 years veterans' widows have served the United States of America selflessly in support of our country's armed forces and our state's national guard; and

WHEREAS, veterans' widows often give up their own careers and interests to serve our country and state; and

WHEREAS, veterans' widows make great personal sacrifices to ensure that our armed forces are well supported on the local and national levels;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 28, 1999, as VETERANS' WIDOWS DAY in Illinois.

Issued by the Governor June 22, 1999.

Filed by the Secretary of State June 25, 1999.

99-288
CHILDREN'S CULTURAL AND HEALTH DAY

WHEREAS, it is in the best interest of the youth of Illinois to be aware of the importance of proper health and hygiene practices and the wide spectrum of the medical and health-related professions; and

WHEREAS, efforts should be taken to provide a forum through which health practices can be presented in a culturally entertaining, educational, and age-appropriate manner; and

WHEREAS, programs and exhibits can be tailored to inform Illinois' youth on health-related issues, such as ways to make hospital stays less frightening and other topics related to the world of medicine; and

WHEREAS, community health organizations, hospitals, and medical professionals are encouraged to participate in this statewide effort that will serve to heighten awareness and provide a children's cultural and health exchange; and

WHEREAS, on Saturday, September 25, 1999, the Moraine Valley Community College Foundation and Hope Children's Hospital will host the 2nd Annual Kids' Expo: A Children's Fair of Culture and Health in the gym and Fine And Performing Arts Center on the Moraine Valley campus;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 25, 1999, as CHILDREN'S CULTURAL AND HEALTH DAY in Illinois.

Issued by the Governor June 23, 1999.

Filed by the Secretary of State June 25, 1999.

99-289
HARLEY ALLEN DAY

WHEREAS, the Harley Allen family has continuously entered their exhibits in shows at the Illinois State Fair since 1949; and

WHEREAS, Harley Allen unconditionally cared for his four sisters and five brothers upon the death of his father; and

WHEREAS, during this time, his youngest brother became in need of a FFA project which lead to the purchase of two Chester White Gilts, one for his brother and one for himself; and

WHEREAS, upon showing his gilt at the Knox County Fair he took home the Junior Champion Ribbon. This prize winning animal began a long line of showing at the fairs, as well as record- setting success in every test station they tried; and

WHEREAS, this success has lead to 65 hog sales in 25 different states and several foreign countries. Furthermore, they have been able to participate in shows in 12 states; and

WHEREAS, Mr. Harley Allen and Mrs. Violet Allen, his wife of 54 years, have two daughters and one son and reside in Roseville, Illinois. The successes of the Allen Family at the Illinois State Fair include the Grand Champion Boar in 1953 and the Champion pen of barrows over all breeds in 1955;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 19, 1999, as HARLEY ALLEN DAY in Illinois and congratulate Mr. Allen for his many years of hard work, dedication, and heart-felt contributions to the agriculture and swine industries and to the Illinois State Fair.

Issued by the Governor June 23, 1999.

Filed by the Secretary of State June 25, 1999.

99-290
JOE INIGUEZ DAY

WHEREAS, Joe Iniguez has given 36 years of government service to the taxpayers of Illinois and Illinois' Hispanic community; and

WHEREAS, Joe Iniguez exhibits an extremely high level of professionalism and is known for resolving taxpayer issues in a timely, ethical and friendly manner; and

WHEREAS, Joe Iniguez has served his country with honor during the Korean War and has served the State of Illinois with honor as an Illinois National Guard Brigadier General; and

WHEREAS, Joe Iniguez is an active member in the health and well-being of Illinois' veteran community serving on the National Board of the Association of Hispanic American Officers and volunteering his time with local ROTC cadets; and

WHEREAS, The Willard Ice Award is given to persons who embody exemplary service and contributions to the Illinois Department of Revenue; and

WHEREAS, Joe Iniguez will receive The Willard Ice Award on June 23, 1999;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 23, 1999, as JOE INIGUEZ DAY in Illinois.

Issued by the Governor June 23, 1999.

Filed by the Secretary of State June 25, 1999.

99-291
KOREA UNIFICATION DAY

WHEREAS, the conclusion of World War II on August 14, 1945, also ended the occupation of Korea by the Imperial Military Forces of Japan; and

WHEREAS, to bring about the liberation of the Korean people from the Japanese occupation, Korea was divided by the 38th parallel. The United States of America was assigned to rehabilitate Korea south of the 38th parallel and the Republic of the Soviet Union was assigned to rehabilitate Korea north of the 38th parallel; and

WHEREAS, since 1945, the division of the Korean people into North Korea

and South Korea has caused the continued separation of over 10 million Korean families; and

WHEREAS, the citizens of the Republic of Korea in South Korea are joined by the Korean community in the State of Illinois through efforts of the Midwest Korean-American Northerners Federation in annually observing a day of prayer and meditation for families residing in North Korea;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 25, 1999, as KOREA UNIFICATION DAY in Illinois.

Issued by the Governor June 23, 1999.

Filed by the Secretary of State June 25, 1999.

99-292

LAKES APPRECIATION WEEK

WHEREAS, the State of Illinois is blessed with more than 3,000 lakes and 83,000 ponds within its boundaries; and

WHEREAS, lakes and ponds are important resources to the Illinois way of life and its environment by providing sources of recreation, public water supply, scenic beauty, and habitat for wildlife; and

WHEREAS, Illinois lakes are valuable economic resources for Illinois businesses, tourism and municipal governments; and

WHEREAS, Conservation 2000 has provided state resources to conduct new and expanded lake management programs such as the Clean Lakes Program, Lake Education Assistance Program, Priority Lake and Watershed Implementation Program, and the volunteer Lake Monitoring Program; and

WHEREAS, the State of Illinois recognizes the continued need to protect its lakes and ponds for the enjoyment and use by future generations;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim June 27-July 4, 1999, as LAKES APPRECIATION WEEK in Illinois.

Issued by the Governor June 23, 1999.

Filed by the Secretary of State June 25, 1999.

99-293

MINORITY HEALTH MONTH

WHEREAS, minority populations in Illinois have higher incidence rates for many diseases - including cancer, heart disease, unintentional injury, diabetes and HIV/AIDS - than do non-minority groups; and

WHEREAS, minority populations are more likely to die from these diseases than are non-minority groups; and

WHEREAS, the Minority Health Partnership, made up of representatives of hospitals, neighborhood centers, the business community, and public health departments, was created in Chicago in 1998 to organize a health promotion program and fair at the annual Black Expo Chicago; and

WHEREAS, the Minority Health Partnership has adopted as its mission providing pertinent information and assistance on a wide range of health-related issues to minority individuals, families and communities throughout Illinois; and

WHEREAS, the Minority Health Partnership has undertaken this mission in order to support the larger communal effort toward eliminating disparities in health outcomes between minority populations and the overall population; and

WHEREAS, the Minority Health Partnership has expanded its scope beyond

Black Expo Chicago to include a year-round calendar of activities that incorporate effective health education and promotion strategies to help prevent disease and counteract premature mortality; and

WHEREAS, the Minority Health Partnership has adopted July as Minority Health Month, during which attention is focused on community awareness and knowledge of healthy lifestyles and during which all communities are encouraged to promote consistent physical activity, proper nutrition and regular medical visits;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim July 1999 as MINORITY HEALTH MONTH in Illinois.

Issued by the Governor June 23, 1999.

Filed by the Secretary of State June 25, 1999.

Rules acted upon during the calender quarter from Issue 17 through Issue 29 are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 2500 published in Issue 1 will be listed as 50-2500-1. The letter "R" designates a rule that is being repealed. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us (Internet address).

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M - Modification to meet JCAR* Objections	S - Suspension ordered by JCAR*
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EC - Expedited Corrections	

*Joint Committee on Administrative Rules

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-7017.

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TYPE OF RULE MAKING

am = amend to existing Section
n = New Section
r = repeal of existing Section
re = recodified
# = renumbered

ACTION CODE

P = Proposed Rule
A = Adopted Rule
PF = Prohibited Filing
E = Emergency
S = Suspension
O = JCAR Objection
PP = Peremptory
F = Failure to Remedy Objections
M = Modification
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RC = Recommendations
RS = Response
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EC = Expedited Correction
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3002.200	n	(P-1481; A-6895)
3002.300	n	(P-1481; A-6895)
3002.400	n	(P-1481; A-6895)
3002.500	n	(P-1481; A-6895)
3002.600	n	(P-1481; A-6895)
3002.700	n	(P-1481; A-6895)
3002.800	n	(P-1481; A-6895)
3002.900	n	(P-1481; A-6895)
3002.1000	n	(P-1481; A-6895)
3002.1100	n	(P-1481; A-6895)
3002.1200	n	(P-1481; A-6895)
5200.10	am	(A-5683)
6000.400	am	(A-5544)

TITLE 4

300.10	r	(P-17187/98; A-3971)
300.10	n	(P-18140/98; A-3973)

Title 4 (cont'd)

300.20	r	(P-17187/98; A-3971)
300.20	n	(P-18140/98; A-3973)
300.30	r	(P-17187/98; A-3971)
300.30	n	(P-18140/98; A-3973)
300.40	r	(P-17187/98; A-3971)
300.40	n	(P-18140/98; A-3973)
300.50	r	(P-17187/98; A-3971)
300.50	n	(P-18140/98; A-3973)
300.60	r	(P-17187/98; A-3971)
300.60	n	(P-18140/98; A-3973)
300.70	r	(P-17187/98; A-3971)
300.70	n	(P-18140/98; A-3973)
300.80	n	(P-18140/98; A-3973)
500.1	r	(P-17193/98; A-3979)
500.2	r	(P-17193/98; A-3979)
500.3	r	(P-17193/98; A-3979)
500.4	r	(P-17193/98; A-3979)
500.5	r	(P-17193/98; A-3979)
500.6	r	(P-17193/98; A-3979)
500.7	r	(P-17193/98; A-3979)

TITLE 8

20.1	am	(P-15801/98; A-404) (P-3198)
25.20	am	(P-3185)
25.30	am	(P-3185)
25.50	am	(P-3185)
25.110	am	(P-3185)
40.60	am	(P-3229)
40.120	am	(P-3229)
40.120	am	(P-15838/98; A-441)
40.130	am	(P-15838/98; A-441)
40.170	am	(P-15838/98; A-441)
45.10	r	(P-3238)
45.20	r	(P-3238)
45.120	r	(P-3238)
45.150	r	(P-3238)
55.10	am	(P-15820/98; A-423)
55.40	am	(P-15820/98; A-423)
55.45	am	(P-15820/98; A-423)
55.50	am	(P-15820/98; A-423)
55.90	am	(P-15820/98; A-423)
70.80	am	(P-3220)
75.5	am	(P-15794/98; A-397) (P-3191)
75.10	am	(P-15794/98; A-397) (P-3191)
75.20	am	(P-15794/98; A-397)
75.60	am	(P-15794/98; A-397)
75.70	am	(P-15794/98; A-397)
75.80	am	(P-15794/98; A-397)
75.120	am	(P-3191)
75.160	am	(P-15794/98; A-397)
75.190	am	(P-3191)
75.200	am	(P-3191)
80.130	am	(P-15825/98; A-428) (P-3224)
80.140	am	(P-15825/98; A-428)
85.5	am	(P-15809/98; A-411) (P-3205)
85.15	am	(P-15809/98; A-411) (P-3205)
85.20	am	(P-15809/98; A-411)
85.50	am	(P-3205)
85.55	am	(P-15809/98; A-411) (P-3205)
85.75	am	(P-15809/98; A-411) (P-3205)
85.80	am	(P-15809/98; A-411)
85.100	am	(P-15809/98; A-411)
85.110	am	(P-3205)
85.115	am	(P-15809/98; A-411) (P-3205)
85.120	am	(P-15809/98; A-411)
85.135	am	(P-3205)
100.30	am	(P-15847/98; A-456)
105.5	am	(P-15850/98; A-459)
105.10	am	(P-15850/98; A-459)
105.30	am	(P-15850/98; A-459)
105.90	am	(P-15850/98; A-459)
110.50	am	(P-15783/98; A-386)
110.70	am	(P-15783/98; A-386)
110.90	am	(P-15783/98; A-386)
110.100	am	(P-15783/98; A-386)
110.110	am	(P-15783/98; A-386)
110.120	am	(P-3181)
115.10	am	(P-15831/98; A-434)
115.40	am	(P-15831/98; A-434)
115.80	am	(P-15831/98; A-434)
115.100	am	(P-15831/98; A-434)
125.10	am	(PP-3851)
125.40	am	(P-16391/98; A-450)
125.100	am	(PP-3851)
125.142	am	(P-16391/98; A-450)
125.260	am	(PP-3851)
125.270	am	(PP-3851)
125.280	am	(PP-3851)
125.390	am	(PP-3851)
258.10	n	(P-10927/98; A-7721)
258.20	n	(P-10927/98; A-7721)
258.30	n	(P-10927/98; A-7721)
258.40	n	(P-10927/98; A-7721)
258.50	n	(P-10927/98; A-7721)
258.60	n	(P-10927/98; A-7721)
258.70	n	(P-10927/98; A-7721)
258.80	n	(P-10927/98; A-7721)
258.90	n	(P-10927/98; A-7721)
258.100	n	(P-10927/98; A-7721)
258.Ap.A	n	(P-10927/98; A-7721)
258.Ap.B	n	(P-10927/98; A-7721)
258.Ap.C	n	(P-10927/98; A-7721)

Title 8 (cont'd)

600.320	am	(P-372)
1400.145	n	(P-4345) (E-4464; 0-6920)
1400.146	am	(P-15113/98; A-2866)
1400.147	am	(P-15113/98; A-2866)
1400.148	am	(P-15113/98; A-2866)
1400.149	am	(P-15113/98; A-2866)

TITLE 11

100.10	am	(P-19181/98; A-3787)
100.30	am	(P-19181/98; A-3787)
100.40	am	(P-19181/98; A-3787)
100.50	am	(P-19181/98; A-3787)
100.70	am	(P-19181/98; A-3787)
100.90	am	(P-19181/98; A-3787)
100.100	am	(P-19181/98; A-3787)
100.110	am	(P-19181/98; A-3787)
100.150	am	(P-19181/98; A-3787)
100.160	am	(P-19181/98; A-3787)
100.170	am	(P-19181/98; A-3787)
100.180	am	(P-19181/98; A-3787)
100.210	am	(P-19181/98; A-3787)
100.240	r	(P-19181/98; A-3787)
100.250	am	(P-19181/98; A-3787)
100.270	am	(P-19181/98; A-3787)
100.280	am	(P-19181/98; A-3787)
100.290	am	(P-19181/98; A-3787)
100.320	am	(P-19181/98; A-3787)
100.350	am	(P-19181/98; A-3787)
100.360	am	(P-19181/98; A-3787)
100.390	n	(P-19181/98; A-3787)
300.40	am	(E-7772)
300.60	am	(E-7772)
1305.380	am	(E-7776)
1424.360	am	(E-7779)

TITLE 14

140.50	r	(P-13621/98; A-3059)
140.51	am	(P-13621/98; A-3059)
140.200	am	(P-13621/98; A-3059)
140.300	am	(P-13621/98; A-3059)
140.304	r	(P-13621/98; A-3059)
140.750	am	(P-13621/98; A-3059)
140.800	r	(P-13621/98; A-3059)
140.802	r	(P-13621/98; A-3059)
140.803	am	(P-13621/98; A-3059)
140.804	r	(P-13621/98; A-3059)
140.805	r	(P-13621/98; A-3059)
140.806	r	(P-13621/98; A-3059)
140.807	r	(P-13621/98; A-3059)
140.808	r	(P-13621/98; A-3059)
140.810	n	(P-13621/98; A-3059)
140.1150	n	(P-13621/98; A-3059)
140.1152	n	(P-13621/98; A-3059)
140.2110	am	(P-13621/98; A-3059)
140.2130	am	(P-13621/98; A-3059)
200.101	r	(P-6583)
200.104	am	(P-6583)
200.110	am	(P-6583)
200.112	am	(P-6583)
200.114	am	(P-6583)
200.115	am	(P-6583)
200.116	n	(P-6583)
200.117	n	(P-6583)
200.118	n	(P-6583)
200.119	n	(P-6583)
200.120	n	(P-6583)
200.201	am	(P-6583)
200.202	am	(P-6583)
200.301	am	(P-6583)
200.304	am	(P-6583)
200.305	r	(P-6583)
200.306	n	(P-6583)
200.402	am	(P-6583)
200.407	am	(P-6583)
200.408	am	(P-6583)
200.409	am	(P-6583)
200.411	am	(P-6583)
200.500	am	(P-6583)
200.502	am	(P-6583)
200.503	am	(P-6583)
200.507	am	(P-6583)
200.600	am	(P-6583)
200.602	r	(P-6583)
200.603	am	(P-6583)
200.604	am	(P-6583)
200.605	am	(P-6583)
200.610	n	(P-6583)
200.800	r	(P-6583)
200.900	am	(P-6583)
200.Ap.A		
II.A	am	(P-6583)
II.C	am	(P-6583)
II.D	am	(P-6583)
II.E	am	(P-6583)
II.F	am	(P-6583)
II.G	am	(P-6583)
II.L	am	(P-6583)
200.Ap.B		
II.B	am	(P-6583)
II.C	am	(P-6583)
II.D	am	(P-6583)
200.Ap.C		
II.A	am	(P-6583)

Title 14 (cont'd)

II.B	am	(P-6583)
II.C	am	(P-6583)
200.Ap.D		
II.A	am	(P-6583)
II.C	am	(P-6583)
200.Ap.E	am	(P-6583)
200.Ap.F		
II.A	am	(P-6583)
II.B	am	(P-6583)

TITLE 17

130.40	am	(P-4166)
130.70	am	(P-4166)
130.80	am	(P-4166)
130.90	am	(P-4166)
130.135	am	(P-4166)
525.10	am	(P-15158/98; A-3406)
525.20	am	(P-15158/98; A-3406)
525.30	am	(P-15158/98; A-3406)
525.40	am	(P-15158/98; A-3406)
525.Ex.A	am	(P-15158/98; A-3406)
530.70	am	(P-4617)
530.80	am	(P-4617)
530.90	am	(P-4617)
530.100	am	(P-4617)
530.105	am	(P-4617)
530.110	am	(P-4617)
530.115	am	(P-4617)
550.30	am	(P-4671)
570.40	am	(P-4660)
590.10	am	(E-3092) (P-5986)
590.20	am	(P-5986)
590.40	am	(P-5986)
590.50	am	(P-5986)
590.60	am	(P-5986)
590.80	am	(E-3092) (P-5986)
650.20	am	(P-22160/98; A-5564)
650.21	am	(P-22160/98; A-5564)
650.22	am	(P-22160/98; A-5564)
650.60	am	(P-22160/98; A-5564)
650.65	am	(P-22160/98; A-5564)
660.60	am	(P-22171/98; A-5579)
670.10	am	(P-833)
670.20	am	(P-833; A-6829)
670.21	am	(P-833; A-6829)
670.40	am	(P-833; A-6829)
670.60	am	(P-833; A-6829)
690.30	am	(P-4679)
710.10	am	(P-7417)
710.20	am	(P-7417)
710.22	am	(P-7417)
710.30	am	(P-7417)
710.50	am	(P-7417)
715.10	am	(P-4696)
720.10	am	(P-4687)
720.20	am	(P-4687)
720.30	am	(P-4687)
720.40	am	(P-4687)
730.20	am	(P-4648)
740.20	am	(P-4638)
750.10	am	(P-3899)
750.20	am	(P-3899)
810.37	am	(P-20443/98; A-3434)
810.45	am	(P-20443/98; A-3434)
810.70	am	(P-20443/98; A-3434)
810.90	am	(P-20443/98; A-3434) (P-3918)
		(E-7317)
950.40	am	(P-3904)
950.50	r	(P-3904)
1010.30	am	(P-17283/98; A-5556)
1515.10	n	(P-17436/98; A-3396)
1515.20	n	(P-17436/98; A-3396)
1515.30	n	(P-17436/98; A-3396)
1515.40	n	(P-17436/98; A-3396)
1515.50	n	(P-17436/98; A-3396)
1515.60	n	(P-17436/98; A-3396)
1515.Ex.A	n	(P-17436/98; A-3396)
1523.10	n	(P-6202)
1523.20	n	(P-6202)
1523.30	n	(P-6202)
1523.40	n	(P-6202)
1523.50	n	(P-6202)
1523.60	n	(P-6202)
1523.70	n	(P-6202)
1523.80	n	(P-6202)
1523.90	n	(P-6202)
1523.100	n	(P-6202)
1523.110	n	(P-6202)
1523.120	n	(P-6202)
1523.130	n	(P-6202)
1523.140	n	(P-6202)
1523.150	n	(P-6202)
1523.160	n	(P-6202)
1523.170	n	(P-6202)
1523.180	n	(P-6202)
2030.20	am	(P-3299; A-6822)
2030.50	am	(P-3299; A-6822)
2080.60	am	(P-4667)
2080.70	am	(P-4667)
2520.60	n	(P-3242; A-6818)
3025.30	am	(P-3910)
3025.50	am	(P-3910)
3025.70	am	(P-3910)

Title 17 (cont'd)

3045.10	n	(P-17291/98; A-314)
3045.20	n	(P-17291/98; A-314)
3045.30	n	(P-17291/98; A-314)
3045.40	n	(P-17291/98; A-314)
3045.50	n	(P-17291/98; A-314)
3045.60	n	(P-17291/98; A-314)
3045.70	n	(P-17291/98; A-314)
3045.80	n	(P-17291/98; A-314)
3045.90	n	(P-17291/98; A-314)

TITLE 20

106.10	am	(P-16118/98; A-5679)
106.12	n	(P-16118/98; A-5679)
106.15	n	(P-16118/98; A-5679)
106.20	am	(P-16118/98; A-5679)
117.05	n	(P-4339)
117.10	n	(P-4339)
117.15	n	(P-4339)
117.20	n	(P-4339)
117.30	n	(P-4339)
117.40	n	(P-4339)
117.50	n	(P-4339)
117.60	n	(P-4339)
117.70	n	(P-4339)
455.10	am	(P-16122/98; W-4560)
455.15	n	(P-16122/98; W-4560)
455.20	am	(P-16122/98; W-4560)
455.30	am	(P-16122/98; W-4560)
455.40	am	(P-16122/98; W-4560)
455.50	am	(P-16122/98; W-4560)
455.55	n	(P-16122/98; W-4560)
455.60	am	(P-16122/98; W-4560)
455.70	am	(P-16122/98; W-4560)
455.80	r	(P-16122/98; W-4560)
455.90	n	(P-16122/98; W-4560)
530.10	am	(P-16100/98; W-4559)
530.12	n	(P-16100/98; W-4559)
530.15	n	(P-16100/98; W-4559)
530.20	am	(P-16100/98; W-4559)
530.40	am	(P-16100/98; W-4559)
530.50	am	(P-16100/98; W-4559)
530.60	am	(P-16100/98; W-4559)
530.100	am	(P-16100/98; W-4559)
530.102	n	(P-16100/98; W-4559)
530.105	n	(P-16100/98; W-4559)
530.110	am	(P-16100/98; W-4559)
530.120	am	(P-16100/98; W-4559)
530.130	am	(P-16100/98; W-4559)
530.200	am	(P-16100/98; W-4559)
530.202	n	(P-16100/98; W-4559)
530.205	n	(P-16100/98; W-4559)
530.210	am	(P-16100/98; W-4559)
530.215	n	(P-16100/98; W-4559)
530.220	am	(P-16100/98; W-4559)
530.300	am	(P-16100/98; W-4559)
530.305	n	(P-16100/98; W-4559)
530.310	n	(P-16100/98; W-4559)
530.320	am	(P-16100/98; W-4559)
530.330	am	(P-16100/98; W-4559)
530.340	am	(P-16100/98; W-4559)
530.400	n	(P-16100/98; W-4559)
530.402	n	(P-16100/98; W-4559)
530.405	n	(P-16100/98; W-4559)
530.410	n	(P-16100/98; W-4559)
530.420	n	(P-16100/98; W-4559)
530.430	n	(P-16100/98; W-4559)
530.500	n	(P-16100/98; W-4559)
530.502	n	(P-16100/98; W-4559)
530.505	n	(P-16100/98; W-4559)
530.510	n	(P-16100/98; W-4559)
1240.10	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.20	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.30	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.40	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.50	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.60	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.70	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.80	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.90	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.100	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.110	r	(P-21801/98; A-7519)
	n	(P-21835/98; A-7521)
1240.120	r	(P-21801/98; A-7519)
1240.130	r	(P-21801/98; A-7519)
1240.140	r	(P-21801/98; A-7519)
2040.10	n	(P-21835/98; RC-6922)
2040.20	n	(P-21835/98; RC-6922)
2040.30	n	(P-21835/98; RC-6922)
2040.40	n	(P-21835/98; RC-6922)
2040.50	n	(P-21835/98; RC-6922)
2040.60	n	(P-21835/98; RC-6922)
2040.70	n	(P-21835/98; RC-6922)
2040.80	n	(P-21835/98; RC-6922)

Title 20 (cont'd)

2040.90	n	(P-21835/98; RC-6922)
2040.100	n	(P-21835/98; RC-6922)
2040.110	n	(P-21835/98; RC-6922)

TITLE 23

25.11	n	(P-17159/98; A-2843)
25.15	n	(P-17159/98; A-2843)
25.99	n	(P-17159/98; A-2843)
25.110	r	(P-2440; A-7231)
25.115	n	(P-2440; A-7231)
25.120	r	(P-2440; A-7231)
25.125	n	(P-2440; A-7231)
25.130	r	(P-2440; A-7231)
25.135	n	(P-2440; A-7231)
25.137	n	(P-2440; A-7231)
25.140	r	(P-2440; A-7231)
25.145	n	(P-2440; A-7231)
25.150	r	(P-2440; A-7231)
25.155	n	(P-2440; A-7231)
25.160	n	(P-2440; A-7231)
25.165	n	(P-2440; A-7231)
25.311	am	(P-17159/98; A-2843)
25.313	n	(P-17159/98; A-2843)
25.485	r	(P-2440; A-7231)
25.620	am	(P-2440; A-7231)
25.720	am	(P-17159/98; A-2843)
25.Ap.B	n	(P-17159/98; A-2843)
25.Ap.C	n	(P-17159/98; A-2843)
25.Ap.D	n	(P-17159/98; A-2843)
130.10	am	(P-6990)
130.30	am	(P-6990)
130.40	am	(P-6990)
130.45	am	(P-6990)
140.10	n	(P-2832)
140.20	n	(P-2832)
140.30	n	(P-2832)
140.40	n	(P-2832)
260.30	am	(P-1465; 7083)
260.50	am	(P-1465; 7083)
260.55	n	(P-1465; 7083)
260.70	am	(P-1465; 7083)
375.10	am	(P-5385)
375.40	am	(P-5385)
375.70	am	(P-5385)
375.75	am	(P-5385)
425.5	am	(P-7351)
425.10	am	(P-7351)
425.20	am	(P-7351)
425.30	am	(P-7351)
575.300	am	(P-2837)
575.400	am	(P-2837)
575.500	am	(P-2837)
575.600	am	(P-2837)
575.700	am	(P-2837)
1038.10	n	(P-19151/98; A-2747)
1038.20	n	(P-19151/98; A-2747)
1038.30	n	(P-19151/98; A-2747)
1038.40	n	(P-19151/98; A-2747)
1038.50	n	(P-19151/98; A-2747)
1038.60	n	(P-19151/98; A-2747)
1038.70	n	(P-19151/98; A-2747)
1050.10	am	(P-7190)
1050.20	am	(P-7190)
1050.30	am	(P-7190)
1050.40	am	(P-7190)
1501.201	am	(P-13)
1501.309	am	(P-13)
1501.505	am	(P-13)
1501.510	am	(P-13)
1501.603	am	(P-13)
2310.80	am	(P-5635) (E-5877)
2700.20	am	(P-1546; A-7550)
2700.30	am	(P-1546; A-7550)
2700.50	am	(P-1546; A-7550)
2700.60	am	(P-1546; A-7550)
2700.70	am	(P-1546; A-7550)
2720.10	am	(P-1533; A-7537)
2720.30	am	(P-1533; A-7537)
2720.50	am	(P-1533; A-7537)
2720.55	am	(P-1533; A-7537)
2720.60	am	(P-1533; A-7537)
2720.70	am	(P-1533; A-7537)
2720.80	am	(P-1533; A-7537)
2733.20	am	(P-1571; A-7575)
2735.30	am	(P-1588; A-7592)
2735.40	am	(P-1588; A-7592)
2737.10	n	(P-1567; A-7571)
2737.20	n	(P-1567; A-7571)
2737.30	n	(P-1567; A-7571)
2737.40	n	(P-1567; A-7571)
2761.10	am	(P-1583; A-7587)
2761.20	am	(P-1583; A-7587)
2761.30	am	(P-1583; A-7587)
2770.10	am	(P-1533)
2770.30	am	(P-1533)
2770.50	am	(P-1533)
2770.55	am	(P-1533)
2770.60	am	(P-1533)
2770.70	am	(P-1533)
2770.80	am	(P-1533)
2771.Ap.A	am	(P-1528; A-7532)
2775.10	n	(P-16444/98; A-2591)
2775.20	n	(P-16444/98; A-2591)

Title 23 (cont'd)

2775.30	n	(P-16444/98; A-2591)
2775.40	n	(P-16444/98; A-2591)
2775.50	n	(P-16444/98; A-2591)
2775.60	n	(P-16444/98; A-2591)
2775.70	n	(P-16444/98; A-2591)
2790.20	am	(P-1577; A-7581)
2790.70	am	(P-1577; A-7581)
3040.130	am	(P-16972/98; A-2574)
3040.140	am	(P-16972/98; A-2574)
3040.150	am	(P-16972/98; A-2574)
3040.160	am	(P-16972/98; A-2574)
3040.170	am	(P-16972/98; A-2574)
3040.200	am	(P-16972/98; A-2574)
3040.210	am	(P-16972/98; A-2574)
3040.220	am	(P-16972/98; A-2574)
3040.230	am	(P-16972/98; A-2574)
3040.240	am	(P-16972/98; A-2574)
3040.400	n	(P-17311/98; A-2402)
3040.450	n	(P-17311/98; A-2402)
3040.470	n	(P-3931) (E-4115)
3060.100	am	(P-7219)
3060.400	am	(P-7219)
3060.500	am	(P-7219)
3060.600	am	(P-7219)
3060.800	am	(P-7219)
3060.900	am	(P-7219)
3070.100	am	(P-20806/98; A-5861)
3070.110	am	(P-20806/98; A-5861)
3070.130	am	(P-20806/98; A-5861)
3070.140	am	(P-20806/98; A-5861)
3070.160	am	(P-20806/98; A-5861)
3070.170	am	(P-20806/98; A-5861)

TITLE 26

100.10	am	(P-623; A-6796) (E-719)
100.120	am	(P-623; A-6796) (E-719)
100.130	n	(P-623; A-6796) (E-719)
100.140	n	(P-623; A-6796) (E-719)
100.150	n	(P-623; A-6796) (E-719)
100.160	n	(P-623; A-6796) (E-719)
100.170	n	(P-623; A-6796) (E-719)
125.425	am	(P-829; A-6807) (E-1122)
201.60	n	(P-7858/98; PF-2820)
202.60	n	(P-7862/98; PF 2821; W-5178)
204.40	am	(P-7853/98; A-3943)
204.120	am	(P-7853/98; A-3943)
216.40	am	(P-7866/98; A-3948)

TITLE 32

331.30	am	(P-1226; A-5585)
331.110	am	(P-1226; A-5585)
331.115	am	(P-1226; A-5585)
331.120	am	(P-1226; A-5585)
331.125	am	(P-1226; A-5585)
331.200	am	(P-1226; A-5585)
331.Ap.E	am	(P-1226; A-5585)
331.Ap.F	am	(P-1226; A-5585)
350.2030	am	(P-20722/98;A-2900
350.3045	am	(P-20722/98;A-2900
351.2030	am	(P-20724/98; A-2907)
390.50	am	(P-20720/98; A-2896)
401.120	am	(P-16417/98; A-324)
401.130	am	(P-16417/98; A-324)
401.170	am	(P-16417/98; A-324)
410.20	am	(P-18214/98; A-332)
410.30	am	(P-18214/98; A-332)
410.40	am	(P-18214/98; A-332)
410.50	am	(P-18214/98; A-332)
410.60	am	(P-18214/98; A-332)
410.65	am	(P-18214/98; A-332)
410.70	am	(P-18214/98; A-332)
410.80	am	(P-18214/98; A-332)
505.20	am	(P-7431)
505.30	am	(P-7431)
505.40	am	(P-7431)
505.50	am	(P-7431)
505.60	am	(P-7431)
505.70	am	(P-7431)
505.82	am	(P-7431)
505.100	am	(P-7431)
505.110	am	(P-7431)
505.120	am	(P-7431)
505.130	am	(P-7431)
505.140	am	(P-7431)
505.150	am	(P-7431)
505.180	am	(P-7431)
505.190	am	(P-7431)
505.1000	am	(P-7431)
505.1100	am	(P-7431)
505.1200	am	(P-7431)
505.1300	am	(P-7431)
505.1400	am	(P-7431)
505.1500	am	(P-7431)
505.1600	am	(P-7431)
505.1800	am	(P-7431)
505.1900	am	(P-7431)
505.2000	am	(P-7431)
505.2100	am	(P-7431)
505.2200	am	(P-7431)
505.2300	am	(P-7431)
505.2400	am	(P-7431)
505.2500	am	(P-7431)
505.2800	am	(P-7431)

Title 32 (cont'd)

505.2900	am	(P-7431)

TITLE 35

106.940	n	(P-15926/98; A-2697)
106.942	n	(P-15926/98; A-2697)
106.944	n	(P-15926/98; A-2697)
106.945	n	(P-15926/98; A-2697)
106.946	n	(P-15926/98; A-2697)
106.948	n	(P-15926/98; A-2697)
106.950	n	(P-15926/98; A-2697)
106.952	n	(P-15926/98; A-2697)
106.954	n	(P-15926/98; A-2697)
106.956	n	(P-15926/98; A-2697)
106.958	n	(P-15926/98; A-2697)
106.960	n	(P-15926/98; A-2697)
106.962	n	(P-15926/98; A-2697)
106.964	n	(P-15926/98; A-2697)
106.966	n	(P-15926/98; A-2697)
106.968	n	(P-15926/98; A-2697)
106.970	n	(P-15926/98; A-2697)
106.972	n	(P-15926/98; A-2697)
106.974	n	(P-15926/98; A-2697)
106.976	n	(P-15926/98; A-2697)
106.978	n	(P-15926/98; A-2697)
106.980	n	(P-15926/98; A-2697)
106.982	n	(P-15926/98; A-2697)
229.100	n	(P-22177/98; A-6477)
229.102	n	(P-22177/98; A-6477)
229.104	n	(P-22177/98; A-6477)
229.110	n	(P-22177/98; A-6477)
229.112	n	(P-22177/98; A-6477)
229.115	n	(P-22177/98; A-6477)
229.116	n	(P-22177/98; A-6477)
229.120	n	(P-22177/98; A-6477)
229.125	n	(P-22177/98; A-6477)
229.126	n	(P-22177/98; A-6477)
229.130	n	(P-22177/98; A-6477)
229.140	n	(P-22177/98; A-6477)
229.142	n	(P-22177/98; A-6477)
229.144	n	(P-22177/98; A-6477)
229.146	n	(P-22177/98; A-6477)
229.148	n	(P-22177/98; A-6477)
229.150	n	(P-22177/98; A-6477)
229.152	n	(P-22177/98; A-6477)
229.154	n	(P-22177/98; A-6477)
229.156	n	(P-22177/98; A-6477)
229.158	n	(P-22177/98; A-6477)
229.160	n	(P-22177/98; A-6477)
229.162	n	(P-22177/98; A-6477)
229.164	n	(P-22177/98; A-6477)
229.166	n	(P-22177/98; A-6477)
229.168	n	(P-22177/98; A-6477)
229.170	n	(P-22177/98; A-6477)
229.172	n	(P-22177/98; A-6477)
229.176	n	(P-22177/98; A-6477)
229.178	n	(P-22177/98; A-6477)
229.180	n	(P-22177/98; A-6477)
229.181	n	(P-22177/98; A-6477)
229.182	n	(P-22177/98; A-6477)
229.184	n	(P-22177/98; A-6477)
229.Ap.A	n	(P-22177/98; A-6477)
229.Ap.B	n	(P-22177/98; A-6477)
229.Ap.C	n	(P-22177/98; A-6477)
275.100	am	(P-5394)
275.120	am	(P-5394)
275.140	am	(P-5394)
275.230	am	(P-5394)
275.240	am	(P-5394)
301.106	am	(P-3563)
301.221	n	(P-3563)
301.231	n	(P-3563)
301.301	n	(P-3563)
301.311	n	(P-3563)
301.312	n	(P-3563)
301.331	n	(P-3563)
301.341	n	(P-3563)
301.346	n	(P-3563)
301.356	n	(P-3563)
301.371	n	(P-3563)
301.372	n	(P-3563)
301.373	n	(P-3563)
301.411	n	(P-3563)
301.421	n	(P-3563)
301.441	n	(P-3563)
301.442	n	(P-3563)
301.443	n	(P-3563)
302.101	am	(P-3586)
302.501	am	(P-3586)
302.502	am	(P-3586)
302.503	am	(P-3586)
302.504	am	(P-3586)
302.507	am	(P-3586)
302.521	am	(P-3586)
302.530	am	(P-3586)
302.535	am	(P-3586)
302.540	am	(P-3586)
302.545	am	(P-3586)
302.555	am	(P-3586)
302.560	am	(P-3586)
302.563	am	(P-3586)
302.565	am	(P-3586)
302.580	am	(P-3586)
304.213	am	(P-9657/98; A-687)

Title 35 (cont'd)

307.4000	am	(P-631; A-4413)
307.4001	am	(P-631; A-4413)
307.4002	am	(P-631; A-4413)
307.4003	n	(P-631; A-4413)
307.4004	am	(P-631; A-4413)
307.4005	am	(P-631; A-4413)
307.4006	am	(P-631; A-4413)
307.4007	am	(P-631; A-4413)
307.4008	am	(P-631; A-4413)
307.4009	am	(P-631; A-4413)
307.4010	am	(P-631; A-4413)
307.4011	am	(P-631; A-4413)
307.4012	am	(P-631; A-4413)
307.4013	r	(P-631; A-4413)
307.4014	r	(P-631; A-4413)
307.4015	r	(P-631; A-4413)
307.4016	r	(P-631; A-4413)
307.4017	r	(P-631; A-4413)
307.4018	r	(P-631; A-4413)
307.4019	r	(P-631; A-4413)
307.4020	r	(P-631; A-4413)
307.4021	r	(P-631; A-4413)
307.4022	r	(P-631; A-4413)
307.4023	r	(P-631; A-4413)
307.4024	r	(P-631; A-4413)
307.4025	r	(P-631; A-4413)
307.4026	r	(P-631; A-4413)
307.4101	r	(P-631; A-4413)
307.4900	am	(P-5454)
307.4901	am	(P-5454)
307.4902	am	(P-5454)
307.4903	am	(P-5454)
307.4904	am	(P-5454)
307.4905	r	(P-5454)
307.6501	am	(P-5454)
309.141	am	(P-3573)
310.107	am	(P-5446)
355.101	n	(P-12442/98; A-7267)
355.103	n	(P-12442/98; A-7267)
355.201	n	(P-12442/98; A-7267)
355.203	n	(P-12442/98; A-7267)
355.205	n	(P-12442/98; A-7267)
355.207	n	(P-12442/98; A-7267)
355.209	n	(P-12442/98; A-7267)
355.211	n	(P-12442/98; A-7267)
355.301	n	(P-12442/98; A-7267)
355.303	n	(P-12442/98; A-7267)
355.305	n	(P-12442/98; A-7267)
355.307	n	(P-12442/98; A-7267)
355.309	n	(P-12442/98; A-7267)
355.311	n	(P-12442/98; A-7267)
355.313	n	(P-12442/98; A-7267)
355.315	n	(P-12442/98; A-7267)
611.101	am	(P-21236/98; A-2756) (P-6217)
611.102	am	(P-21236/98; A-2756) (P-6217)
611.112	am	(P-6217)
611.126	am	(P-21236/98; A-2756)
611.290	am	(P-21236/98; A-2756)
611.131	n	(P-6217)
611.160	n	(P-6217)
611.212	am	(P-6217)
611.220	am	(P-6217)
611.232	am	(P-6217)
611.250	am	(P-6217)
611.310	am	(P-6217)
611.312	n	(P-6217)
611.313	n	(P-6217)
611.380	n	(P-6217)
611.381	n	(P-6217)
611.382	n	(P-6217)
611.383	n	(P-6217)
611.384	n	(P-6217)
611.385	n	(P-6217)
611.688	n	(P-6217)
611.720	am	(P-6217)
611.740	n	(P-6217)
611.741	n	(P-6217)
611.742	n	(P-6217)
611.743	n	(P-6217)
611.744	n	(P-6217)
611.745	n	(P-6217)
611.851	am	(P-6217)
611.853	am	(P-6217)
611.881	n	(P-6217)
611.882	n	(P-6217)
611.883	n	(P-6217)
611.884	n	(P-6217)
611.885	n	(P-6217)
611.Ap.A	am	(P-6217)
611.Ap.F	n	(P-6217)
611.Ap.G	n	(P-6217)
611.Ap.H	n	(P-6217)
651.101	am	(P-4142)
651.102	am	(P-4142)
651.103	am	(P-4142)
651.104	am	(P-4142)
652.111	am	(P-4149)
652.401	am	(P-4149)
652.701	n	(P-4149)
652.702	n	(P-4149)
702.110	am	(P-4925)
702.126	am	(P-4925)
703.121	am	(P-4944)

Title 35 (cont'd)

703.155	am	(P-18661/98; A-2153)
703.157	am	(P-4944)
703.161	n	(P-4944)
703.182	am	(P-4944)
703.183	am	(P-4944)
703.214	n	(P-4944)
703.234	n	(P-4944)
703.280	am	(P-18661/98; A-2153)
703.300	n	(P-4944)
703.301	n	(P-4944)
703.302	n	(P-4944)
703.303	n	(P-4944)
703.304	n	(P-4944)
703.305	n	(P-4944)
703.306	n	(P-4944)
703.Ap.A	am	(P-18661/98; A-2153) (P-4944)
720.110	am	(P-4700)
720.111	am	(P-18236/98; A-1704) (P-4700)
721.102	am	(P-18250/98; A-1718)
721.103	am	(P-18250/98; A-1718)
721.104	am	(P-18250/98; A-1718) (P-4736)
721.105	am	(P-18250/98; A-1718)
721.106	am	(P-18250/98; A-1718)
721.131	am	(P-18250/98; A-1718)
721.132	am	(P-18250/98; A-1718)
721.133	am	(P-18250/98; A-1718)
721.138	n	(P-18250/98; A-1718)
721.Ap.G	am	(P-18250/98; A-1718)
721.Ap.H	am	(P-18250/98; A-1718)
721.Ap.Z	am	(P-18250/98; A-1718)
724.101	am	(P-4993)
724.115	am	(P-18693/98; A-2186)
724.173	am	(P-18693/98; A-2186) (P-4993)
724.101	am	(P-4993)
724.173	am	(P-4993)
724.190	am	(P-4993)
724.201	am	(P-4993)
724.210	am	(P-4993)
724.212	am	(P-4993)
724.218	am	(P-4993)
724.240	am	(P-4993)
724.652	am	(P-4993)
724.653	am	(P-4993)
724.654	n	(P-4993)
724.930	am	(P-18693/98; A-2186)
724.931	am	(P-18693/98; A-2186)
724.933	am	(P-18693/98; A-2186)
724.950	am	(P-18693/98; A-2186)
724.960	am	(P-18693/98; A-2186)
724.962	am	(P-18693/98; A-2186)
724.964	am	(P-18693/98; A-2186)
724.980	am	(P-18693/98; A-2186)
724.982	am	(P-18693/98; A-2186)
724.983	am	(P-18693/98; A-2186)
724.984	am	(P-18693/98; A-2186)
724.985	am	(P-18693/98; A-2186)
724.986	am	(P-18693/98; A-2186)
724.987	am	(P-18693/98; A-2186)
724.989	am	(P-18693/98; A-2186)
725.101	am	(P-4762)
725.115	am	(P-18370/98; A-1850)
725.173	am	(P-18370/98; A-1850)
725.190	am	(P-4762)
725.210	am	(P-4762)
725.212	am	(P-4762)
725.218	am	(P-4762)
725.221	n	(P-4762)
725.240	am	(P-4762)
725.302	am	(P-18370/98; A-1850)
725.930	am	(P-18370/98; A-1850)
725.933	am	(P-18370/98; A-1850)
725.950	am	(P-18370/98; A-1850)
725.960	am	(P-18370/98; A-1850)
725.962	am	(P-18370/98; A-1850)
725.964	am	(P-18370/98; A-1850)
725.980	am	(P-18370/98; A-1850)
725.981	am	(P-18370/98; A-1850)
725.982	am	(P-18370/98; A-1850)
725.983	am	(P-18370/98; A-1850)
725.984	am	(P-18370/98; A-1850)
725.985	am	(P-18370/98; A-1850)
725.986	am	(P-18370/98; A-1850)
725.987	am	(P-18370/98; A-1850)
725.988	am	(P-18370/98; A-1850)
725.990	am	(P-18370/98; A-1850)
725.Ap.F	am	(P-18370/98; A-1850)
726.180	am	(P-5032)
726.200	am	(P-5032)
728.102	am	(P-18481/98; A-1964) (P-4793)
728.103	am	(P-18481/98; A-1964)
728.104	am	(P-18481/98; A-1964)
728.107	am	(P-18481/98; A-1964)
728.133	n	(P-18481/98; A-1964)
728.134	n	(P-18481/98; A-1964)
728.135	n	(P-18481/98; A-1964)
728.139	am	(P-4793)
728.140	am	(P-18481/98; A-1964) (P-4793)
728.142	am	(P-18481/98; A-1964)
728.144	am	(P-18481/98; A-1964)
728.145	am	(P-18481/98; A-1964)
728.149	n	(P-18481/98; A-1964)
728.150	am	(P-4793)
728.Ap.G	am	(P-18481/98; A-1964)

Title 35 (cont'd)

728.Ap.H	am	(P-18481/98; A-1964)
728.Tb.I	am	(P-18481/98; A-1964)
728.Tb.T	am	(P-18481/98; A-1964) (P-4793)
728.Tb.U	am	(P-18481/98; A-1964) (P-4793)
733.106	am	(P-5051)
738.118	am	(P-18226/98; A-1695)
739.110	am	(P-18780/98; A-2274)
739.122	am	(P-18780/98; A-2274)
739.145	am	(P-18780/98; A-2274)
739.154	am	(P-18780/98; A-2274)
739.164	am	(P-18780/98; A-2274)
739.174	am	(P-18780/98; A-2274)
741.100	n	(P-16425/98; O-350; A-515)
741.105	n	(P-16425/98; O-350; R-344; A-515)
741.110	n	(P-16425/98; O-350; A-515)
741.115	n	(P-16425/98; O-350; A-515)
741.120	n	(P-16425/98; O-350; A-515)
741.125	n	(P-16425/98; O-350; A-515)
741.130	n	(P-16425/98; O-350; A-515)
741.135	n	(P-16425/98; O-350; A-515)
741.140	n	(P-16425/98; O-350; A-515)
741.145	n	(P-16425/98; O-350; A-515)
741.200	n	(P-16425/98; O-350; A-515)
741.205	n	(P-16425/98; O-350; A-515)
741.210	n	(P-16425/98; O-350; A-515)
741.300	n	(P-16425/98; O-350; A-515)
741.305	n	(P-16425/98; O-350; A-515)
741.310	n	(P-16425/98; O-350; A-515)
741.315	n	(P-16425/98; O-350; A-515)
741.320	n	(P-16425/98; O-350; A-515)
741.325	n	(P-16425/98; O-350; A-515)
741.330	n	(P-16425/98; O-350; A-515)
807.105	am	(P-2483; A-6875)
808.121	am	(P-78)
809.101	am	(P-83; A-6842)
809.102	am	(P-83; A-6842)
809.103	am	(P-83; A-6842)
809.104	n	(P-83; A-6842)
809.105	n	(P-83; A-6842)
809.201	am	(P-83; A-6842)
809.202	am	(P-83; A-6842)
809.203	am	(P-83; A-6842)
809.204	am	(P-83; A-6842)
809.205	am	(P-83; A-6842)
809.206	am	(P-83; A-6842)
809.207	am	(P-83; A-6842)
809.208	am	(P-83; A-6842)
809.209	am	(P-83; A-6842)
809.210	am	(P-83; A-6842)
809.211	am	(P-83; A-6842) (P-2489)
809.212	n	(P-83; A-6842)
809.301	am	(P-83; A-6842)
809.302	am	(P-83; A-6842) (P-3489)
809.401	am	(P-83; A-6842)
809.402	am	(P-83; A-6842)
809.501	am	(P-83; A-6842)
809.601	r	(P-83; A-6842)
809.701	am	(P-83; A-6842)
809.802	r	(P-83; A-6842)
809.910	n	(P-83; A-6842)
809.911	n	(P-83; A-6842)
809.912	n	(P-83; A-6842)
809.913	n	(P-83; A-6842)
809.914	n	(P-83; A-6842)
809.915	n	(P-83; A-6842)
809.916	n	(P-83; A-6842)
809.917	n	(P-83; A-6842)
809.918	n	(P-83; A-6842)
809.919	n	(P-83; A-6842)
809.920	n	(P-83; A-6842)
809.921	n	(P-83; A-6842)
809.Ap.A	r	(P-83; A-6842)
811.402	am	(P-116; A-6880)
811.403	am	(P-116; A-6880)
811.706	am	(P-21276/98; A-2794)
811.707	am	(P-21276/98; A-2794)
811.719	n	(P-21276/98; A-2794)
811.720	n	(P-21276/98; A-2794)
811.Ap.B	am	(P-21276/98; A-2794)
885.100	n	(P-10790/98; A-467)
885.105	n	(P-10790/98; A-467)
885.110	n	(P-10790/98; A-467)
885.200	n	(P-10790/98; A-467)
885.210	n	(P-10790/98; A-467)
885.215	n	(P-10790/98; A-467)
885.220	n	(P-10790/98; A-467)
885.225	n	(P-10790/98; A-467)
885.230	n	(P-10790/98; A-467)
885.235	n	(P-10790/98; A-467)
885.240	n	(P-10790/98; A-467)
885.245	n	(P-10790/98; A-467)
885.250	n	(P-10790/98; A-467)
885.255	n	(P-10790/98; A-467)
885.260	n	(P-10790/98; A-467)
885.300	n	(P-10790/98; A-467)
885.305	n	(P-10790/98; A-467)
885.310	n	(P-10790/98; A-467)
885.315	n	(P-10790/98; A-467)
885.320	n	(P-10790/98; A-467)
885.325	n	(P-10790/98; A-467)
885.330	n	(P-10790/98; A-467)
885.400	n	(P-10790/98; A-467)
885.405	n	(P-10790/98; A-467)

TITLE 38

130.50	am	(P-6019/98; O-16036/98; W-348)
190.20	am	(E-3086) (P-7183)
190.90	am	(P-7699)

TITLE 41

120.10	am	(P-6786/98; A-162)
120.11	am	(P-6786/98; A-162)
120.20	am	(P-6786/98; A-162)
120.500	n	(P-6786/98; A-162)
120.1040	am	(P-6786/98; A-162)
120.1100	am	(P-6786/98; A-162)
120.1260	am	(P-6786/98; A-162)
120.Ap.A	n	(P-6786/98; A-162)
.Ex.A	n	(P-6786/98; A-162)
.Ex.B	n	(P-6786/98; A-162)
200.10	am	(P-21217/98; A-4227)

TITLE 44

1.2020	am	(P-2735) (E-2812)
		(P-2824; A-7075)
		(E-5869)
600.101	r	(P-3246)
600.102	r	(P-3246)
600.103	r	(P-3246)
600.104	r	(P-3246)
600.201	r	(P-3246)
600.202	r	(P-3246)
600.203	r	(P-3246)
600.204	r	(P-3246)
600.205	r	(P-3246)
600.206	r	(P-3246)
600.207	r	(P-3246)
600.208	r	(P-3246)
600.209	r	(P-3246)
600.210	r	(P-3246)
600.211	r	(P-3246)
600.212	r	(P-3246)
600.213	r	(P-3246)
600.214	r	(P-3246)
600.215	r	(P-3246)
600.301	r	(P-3246)
600.302	r	(P-3246)
600.303	r	(P-3246)
600.304	r	(P-3246)
600.305	r	(P-3246)
600.306	r	(P-3246)
600.401	r	(P-3246)
600.402	r	(P-3246)
600.403	r	(P-3246)
600.404	r	(P-3246)
600.405	r	(P-3246)
600.406	r	(P-3246)
600.407	r	(P-3246)
600.501	r	(P-3246)
600.502	r	(P-3246)
600.503	r	(P-3246)
600.504	r	(P-3246)
600.505	r	(P-3246)
600.506	r	(P-3246)
600.507	r	(P-3246)
600.508	r	(P-3246)
600.509	r	(P-3246)
600.510	r	(P-3246)
600.511	r	(P-3246)
600.512	r	(P-3246)
600.513	r	(P-3246)
600.601	r	(P-3246)
600.602	r	(P-3246)
600.603	r	(P-3246)
600.604	r	(P-3246)
600.605	r	(P-3246)
600.606	r	(P-3246)
600.607	r	(P-3246)
600.701	r	(P-3246)
600.702	r	(P-3246)
600.703	r	(P-3246)
600.704	r	(P-3246)
600.705	r	(P-3246)
600.706	r	(P-3246)
600.707	r	(P-3246)
600.708	r	(P-3246)
600.709	r	(P-3246)
600.710	r	(P-3246)
600.711	r	(P-3246)
600.712	r	(P-3246)
600.713	r	(P-3246)
600.714	r	(P-3246)
600.715	r	(P-3246)
600.716	r	(P-3246)
600.717	r	(P-3246)
600.718	r	(P-3246)
600.719	r	(P-3246)
600.720	r	(P-3246)
600.721	r	(P-3246)
600.722	r	(P-3246)
600.801	r	(P-3246)
600.802	r	(P-3246)
600.803	r	(P-3246)
600.804	r	(P-3246)
600.805	r	(P-3246)
600.806	r	(P-3246)
600.807	r	(P-3246)

Title 44 (cont'd)

600.808	r	(P-3246)
600.809	r	(P-3246)
600.810	r	(P-3246)
600.811	r	(P-3246)
600.812	r	(P-3246)
600.901	r	(P-3246)
600.902	r	(P-3246)
600.903	r	(P-3246)
600.904	r	(P-3246)
600.905	r	(P-3246)
600.906	r	(P-3246)
600.907	r	(P-3246)
600.908	r	(P-3246)
600.909	r	(P-3246)
610.100	am	(P-14598/98; A-3421)
610.120	am	(P-14598/98; A-3421)
610.210	am	(P-14598/98; A-3421)
610.300	am	(P-14598/98; A-3421)
610.310	am	(P-14598/98; A-3421)
610.320	am	(P-14598/98; A-3421)
610.400	n	(P-14598/98; A-3421)
610.410	n	(P-14598/98; A-3421)
610.420	n	(P-14598/98; A-3421)
610.430	n	(P-14598/98; A-3421)
610.440	n	(P-14598/98; A-3421)
610.450	n	(P-14598/98; A-3421)
610.500	n	(P-14598/98; A-3421)
610.510	n	(P-14598/98; A-3421)
610.520	n	(P-14598/98; A-3421)
610.530	n	(P-14598/98; A-3421)
610.540	n	(P-14598/98; A-3421)
635.10	r	(P-3685)
635.20	r	(P-3685)
635.30	r	(P-3685)
635.40	r	(P-3685)
635.50	r	(P-3685)
635.60	r	(P-3685)
635.70	r	(P-3685)
635.80	r	(P-3685)
655.10	r	(P-3675)
655.20	r	(P-3675)
655.30	r	(P-3675)
655.40	r	(P-3675)
655.50	r	(P-3675)
655.60	r	(P-3675)
655.70	r	(P-3675)
655.80	r	(P-3675)
655.90	r	(P-3675)
655.100	r	(P-3675)
655.110	r	(P-3675)
655.120	r	(P-3675)
655.210	r	(P-3675)
655.220	r	(P-3675)
655.230	r	(P-3675)
655.240	r	(P-3675)
655.250	r	(P-3675)
655.260	r	(P-3675)
655.270	r	(P-3675)
655.280	r	(P-3675)
655.290	r	(P-3675)
655.295	r	(P-3675)
655.298	r	(P-3675)
660.100	n	(P-9470/98; C-11228/98; O-19667/98; R-20426/98; A-21060/98; F-351)
675.10	r	(P-3664)
675.20	r	(P-3664)
675.30	r	(P-3664)
675.40	r	(P-3664)
675.50	r	(P-3664)
675.60	r	(P-3664)
675.70	r	(P-3664)
675.80	r	(P-3664)
675.90	r	(P-3664)
675.100	r	(P-3664)
675.110	r	(P-3664)
675.120	r	(P-3664)
675.130	r	(P-3664)
675.210	r	(P-3664)
675.220	r	(P-3664)
675.230	r	(P-3664)
675.240	r	(P-3664)
675.250	r	(P-3664)
675.260	r	(P-3664)
675.270	r	(P-3664)
675.280	r	(P-3664)
675.290	r	(P-3664)
675.295	r	(P-3664)
685.10	r	(P-3617)
685.210	r	(P-3617)
685.215	r	(P-3617)
685.220	r	(P-3617)
685.225	r	(P-3617)
685.230	r	(P-3617)
685.235	r	(P-3617)
685.240	r	(P-3617)
685.245	r	(P-3617)
685.250	r	(P-3617)
685.255	r	(P-3617)
685.260	r	(P-3617)
685.265	r	(P-3617)
685.270	r	(P-3617)
685.275	r	(P-3617)
685.280	r	(P-3617)

Title 44 (cont'd)

685.285	r	(P-3617)
685.290	r	(P-3617)
685.295	r	(P-3617)
685.310	r	(P-3617)
685.320	r	(P-3617)
685.330	r	(P-3617)
685.340	r	(P-3617)
685.350	r	(P-3617)
685.360	r	(P-3617)
685.370	r	(P-3617)
685.380	r	(P-3617)
685.390	r	(P-3617)
685.410	r	(P-3617)
685.420	r	(P-3617)
685.430	r	(P-3617)
685.440	r	(P-3617)
685.450	r	(P-3617)
685.460	r	(P-3617)
685.470	r	(P-3617)
685.480	r	(P-3617)
685.490	r	(P-3617)
685.510	r	(P-3617)
685.520	r	(P-3617)
685.530	r	(P-3617)
685.540	r	(P-3617)
685.550	r	(P-3617)
685.560	r	(P-3617)
685.570	r	(P-3617)
685.580	r	(P-3617)
685.585	r	(P-3617)
685.590	r	(P-3617)
685.592	r	(P-3617)
685.595	r	(P-3617)
685.598	r	(P-3617)
685.610	r	(P-3617)
685.615	r	(P-3617)
685.620	r	(P-3617)
685.625	r	(P-3617)
685.630	r	(P-3617)
685.635	r	(P-3617)
685.640	r	(P-3617)
685.645	r	(P-3617)
685.650	r	(P-3617)
685.655	r	(P-3617)
685.660	r	(P-3617)
685.670	r	(P-3617)
685.675	r	(P-3617)
685.680	r	(P-3617)
685.685	r	(P-3617)
685.690	r	(P-3617)
685.710	r	(P-3617)
685.720	r	(P-3617)
685.730	r	(P-3617)
685.740	r	(P-3617)
685.750	r	(P-3617)
685.760	r	(P-3617)
685.770	r	(P-3617)
685.780	r	(P-3617)
685.790	r	(P-3617)
685.795	r	(P-3617)
685.798	r	(P-3617)
685.810	r	(P-3617)
685.820	r	(P-3617)
685.830	r	(P-3617)
685.840	r	(P-3617)
685.850	r	(P-3617)
685.860	r	(P-3617)
685.870	r	(P-3617)
685.880	r	(P-3617)
685.Ap.A	r	(P-3617)
685.Tb.A	r	(P-3617)
1100.5	n	(P-19425/98; A-3308)
1100.10	n	(P-19425/98; A-3308)
1100.15	n	(P-19425/98; A-3308)
1100.25	n	(P-19425/98; A-3308)
1100.525	n	(P-19425/98; A-3308)
1100.1005	n	(P-19425/98; A-3308)
1100.1510	n	(P-19425/98; A-3308)
1100.1560	n	(P-19425/98; A-3308)
1100.1570	n	(P-19425/98; A-3308)
1100.1580	n	(P-19425/98; A-3308)
1100.2005	n	(P-19425/98; A-3308)
1100.2010	n	(P-19425/98; A-3308)
1100.2015	n	(P-19425/98; A-3308)
1100.2020	n	(P-19425/98; A-3308)
1100.2025	n	(P-19425/98; A-3308)
1100.2030	n	(P-19425/98; A-3308)
1100.2035	n	(P-19425/98; A-3308)
1100.2036	n	(P-19425/98; A-3308)
1100.2037	n	(P-19425/98; A-3308)
1100.2038	n	(P-19425/98; A-3308)
1100.2040	n	(P-19425/98; A-3308)
1100.2043	n	(P-19425/98; A-3308)
1100.2044	n	(P-19425/98; A-3308)
1100.2046	n	(P-19425/98; A-3308)
1100.2047	n	(P-19425/98; A-3308)
1100.2050	n	(P-19425/98; A-3308)
1100.2055	n	(P-19425/98; A-3308)
1100.2060	n	(P-19425/98; A-3308)
1100.2560	n	(P-19425/98; A-3308)
1100.2570	n	(P-19425/98; A-3308)
1100.2800	n	(P-19425/98; A-3308)
1100.4005	n	(P-19425/98; A-3308)

Title 44 (cont'd)

1100.4505	n	(P-19425/98; A-3308)
1100.4510	n	(P-19425/98; A-3308)
1100.4530	n	(P-19425/98; A-3308)
1100.4535	n	(P-19425/98; A-3308)
1100.4540	n	(P-19425/98; A-3308)
1100.4545	n	(P-19425/98; A-3308)
1100.570	n	(P-19425/98; A-3308)
1100.5013	n	(P-19425/98; A-3308)
1100.5015	n	(P-19425/98; A-3308)
1100.5020	n	(P-19425/98; A-3308)
1100.5030	n	(P-19425/98; A-3308)
1100.5035	n	(P-19425/98; A-3308)
1100.5510	n	(P-19425/98; A-3308)
1100.5520	n	(P-19425/98; A-3308)
1100.5530	n	(P-19425/98; A-3308)
1100.5540	n	(P-19425/98; A-3308)
1100.5550	n	(P-19425/98; A-3308)
1100.6010	n	(P-19425/98; A-3308)
1100.6500	n	(P-19425/98; A-3308)
1100.6510	n	(P-19425/98; A-3308)
1100.6520	n	(P-19425/98; A-3308)
1100.6530	n	(P-19425/98; A-3308)
1100.7000	n	(P-19425/98; A-3308)
1100.7010	n	(P-19425/98; A-3308)
1100.7020	n	(P-19425/98; A-3308)
1100.7025	n	(P-19425/98; A-3308)
1100.7030	n	(P-19425/98; A-3308)
1120.8	n	(P-8955/98; A-858)
1120.9	n	(P-8955/98; A-858)
1120.10	n	(P-8955/98; A-858)
1120.15	n	(P-8955/98; A-858)
1120.25	n	(P-8955/98; A-858)
1120.525	n	(P-8955/98; A-858)
1120.1002	n	(P-8955/98; A-858)
1120.1510	n	(P-8955/98; A-858)
1120.1560	n	(P-8955/98; A-858)
1120.1570	n	(P-8955/98; A-858)
1120.1580	n	(P-8955/98; A-858)
1120.2005	n	(P-8955/98; A-858)
1120.2010	n	(P-8955/98; A-858)
1120.2012	n	(P-8955/98; A-858)
1120.2015	n	(P-8955/98; A-858)
1120.2020	n	(P-8955/98; A-858)
1120.2025	n	(P-8955/98; A-858)
1120.2030	n	(P-8955/98; A-858)
1120.2035	n	(P-8955/98; A-858)
1120.2036	n	(P-8955/98; A-858)
1120.2037	n	(P-8955/98; A-858)
1120.2038	n	(P-8955/98; A-858)
1120.2040	n	(P-8955/98; A-858)
1120.2043	n	(P-8955/98; A-858)
1120.2044	n	(P-8955/98; A-858)
1120.2045	n	(P-8955/98; A-858)
1120.2046	n	(P-8955/98; A-858)
1120.2047	n	(P-8955/98; A-858)
1120.2050	n	(P-8955/98; A-858)
1120.2055	n	(P-8955/98; A-858)
1120.2060	n	(P-8955/98; A-858)
1120.2560	n	(P-8955/98; A-858)
1120.2800	n	(P-8955/98; A-858)
1120.3005	n	(P-8955/98; A-858)
1120.4005	n	(P-8955/98; A-858)
1120.4505	n	(P-8955/98; A-858)
1120.4510	n	(P-8955/98; A-858)
1120.4530	n	(P-8955/98; A-858)
1120.4535	n	(P-8955/98; A-858)
1120.4540	n	(P-8955/98; A-858)
1120.4545	n	(P-8955/98; A-858)
1120.5013	n	(P-8955/98; A-858)
1120.5015	n	(P-8955/98; A-858)
1120.5020	n	(P-8955/98; A-858)
1120.5030	n	(P-8955/98; A-858)
1120.5035	n	(P-8955/98; A-858)
1120.5310	n	(P-8955/98; A-858)
1120.5510	n	(P-8955/98; A-858)
1120.5520	n	(P-8955/98; A-858)
1120.5530	n	(P-8955/98; A-858)
1120.5540	n	(P-8955/98; A-858)
1120.5550	n	(P-8955/98; A-858)
1120.6010	n	(P-8955/98; A-858)
1120.6500	n	(P-8955/98; A-858)
1120.6510	n	(P-8955/98; A-858)
1120.6520	n	(P-8955/98; A-858)
1120.7000	n	(P-8955/98; A-858)
1120.7010	n	(P-8955/98; A-858)
1120.7015	n	(P-8955/98; A-858)
1120.7020	n	(P-8955/98; A-858)
1120.7025	n	(P-8955/98; A-858)
1120.7030	n	(P-8955/98; A-858)
1125.10	r	(P-7696)
1300.2010	am	(P-5204)
1300.2020	am	(P-5204)
1500.2020	am	(P-4367; A-7740)
1600.2020	am	(P-4373; A-7746)
2000.2020	am	(P-5640) (E-5911)
2600.10	n	(P-20441/98; A-5687)

TITLE 47

310.103	am	(P-14081/98; A-1355)
310.403	am	(P-14081/98; A-1355)
310.802	am	(P-14081/98; A-1355)
310.803	am	(P-14081/98; A-1355)
360.203	am	(P-19977/98; A-3692)

Title 47 (cont'd)

360.401	am	(P-19977/98; A-3692)
360.601	am	(P-4579)
360.602	am	(P-4579)
371.30	am	(P-21221/98; A-3952)
371.40	am	(P-21221/98; A-3952)
371.50	am	(P-21221/98; A-3952)

TITLE 50

201.20	am	(P-14397/98; A-3782)
201.50	am	(P-14397/98; A-3782)
201.60	am	(P-14397/98; A-3782)
301.30	am	(P-14593/98; A-3699)
301.60	am	(P-14593/98; A-3699)
301.70	am	(P-14593/98; A-3699)
916.10	am	(P-6999)
916.30	am	(P-6999)
916.40	am	(P-6999)
916.Ex.A	am	(P-6999)
916.Ex.B	am	(P-6999)
916.Ex.C	r,n	(P-6999)
916.Ex.G	n	(P-6999)
916Ex.H	#,am	(P-6999)
916.Ex.I	#,am	(P-6999)
916.Ex.J	#,am	(P-6999)
926.10	am	(P-19171/98; A-5695)
926.20	am	(P-19171/98; A-5695)
926.30	am	(P-19171/98; A-5695)
926.40	am	(P-19171/98; A-5695)
926.50	am	(P-19171/98; A-5695)
926.60	r	(P-19171/98; A-5695)
926.70	r	(P-19171/98; A-5695)
926.Ex.A	am	(P-19171/98; A-5695)
926.Ex.B	am	(P-19171/98; A-5695)
1407.10	am	(P-4156)
1407.20	am	(P-4156)
1407.30	am	(P-4156)
1407.40	am	(P-4156)
1407.50	am	(P-4156)
1407.60	am	(P-4156)
1407.70	n	(P-4156)
2008.30	am	(P-17207/98; A-3704)
2008.40	am	(P-17207/98; A-3704)
2008.45	n	(P-17207/98; A-3704)
2008.71	am	(P-6731)
2008.72	am	(P-17207/98; A-3704)
2008.74	am	(P-17207/98; A-3704)
2008.75	#,n	(P-17207/98; A-3704)
2008.76	#	(P-17207/98; A-3704)
2008.76	am	(P-17207/98; A-3704)
2008.80	am	(P-17207/98; A-3704)
2008.82	am	(P-17207/98; A-3704)
2008.90	am	(P-17207/98; A-3704)
2008.91	am	(P-17207/98; A-3704)
2008.100	am	(P-17207/98; A-3704)
2008.Ap.B	am	(P-17207/98; A-3704) (P-6731)
2008.Ap.C	am	(P-17207/98; A-3704)
2008.Ap.D	am	(P-17207/98; A-3704)
2008.Ap.E	am	(P-17207/98; A-3704)
2008.Ap.F	am	(P-17207/98; A-3704)
2008.Ap.G	am	(P-17207/98; A-3704)
2008.Ap.H	am	(P-17207/98; A-3704)
2008.Ap I	am	(P-17207/98; A-3704)
2008.Ap.J	am	(P-17207/98; A-3704)
2008.Ap.K	am	(P-17207/98; A-3704)
2008.Ap.L	am	(P-17207/98; A-3704)
2008.Ap.Q	am	(P-17207/98; A-3704)
2500.10	n	(P-16946/98; A-290)
2500.20	n	(P-16946/98; A-290)
2500.30	n	(P-16946/98; A-290)
2500.40	n	(P-16946/98; A-290)
2500.50	n	(P-16946/98; A-290)
2500.60	n	(P-16946/98; A-290)
2500.70	n	(P-16946/98; A-290)
2500.80	n	(P-16946/98; A-290)
2505.10	n	(P-16936/98; A-279)
2505.20	n	(P-16936/98; A-279)
2505.30	n	(P-16936/98; A-279)
2505.40	n	(P-16936/98; A-279)
2505.50	n	(P-16936/98; A-279)
2505.60	n	(P-16936/98; A-279)
2505.70	n	(P-16936/98; A-279)
2505.80	n	(P-16936/98; A-279)
2505.90	n	(P-16936/98; A-279)
2505.100	n	(P-16936/98; A-279)
2505.110	n	(P-16936/98; A-279)
2505.120	n	(P-16936/98; A-279)
2505.II.A	n	(P-16936/98; A-279)
2505.II.B	n	(P-16936/98; A-279)
2510.10	n	(P-16873/98; A-209)
2510.20	n	(P-16873/98; A-209)
2510.30	n	(P-16873/98; A-209)
2510.40	n	(P-16873/98; A-209)
2510.50	n	(P-16873/98; A-209)
2510.60	n	(P-16873/98; A-209)
2510.70	n	(P-16873/98; A-209)
2510.80	n	(P-16873/98; A-209)
2510.90	n	(P-16873/98; A-209)
2510.100	n	(P-16873/98; A-209)
2510.110	n	(P-16873/98; A-209)
2510.120	n	(P-16873/98; A-209)
2510.II.A	n	(P-16873/98; A-209)
2510.II.B	n	(P-16873/98; A-209)
2510.II.C	n	(P-16873/98; A-209)

Title 50 (cont'd)

2510.II.D	n	(P-16873/98; A-209)
2515.10	n	(P-16910/98; A-249)
2515.20	n	(P-16910/98; A-249)
2515.30	n	(P-16910/98; A-249)
2515.40	n	(P-16910/98; A-249)
2515.50	n	(P-16910/98; A-249)
2515.60	n	(P-16910/98; A-249)
2515.70	n	(P-16910/98; A-249)
2515.80	n	(P-16910/98; A-249)
2515.90	n	(P-16910/98; A-249)
2515.100	n	(P-16910/98; A-249)
2515.II.A	n	(P-16910/98; A-249)
2515.II.B	n	(P-16910/98; A-249)
2520.10	n	(P-16926/98; A-268)
2520.20	n	(P-16926/98; A-268)
2520.30	n	(P-16926/98; A-268)
2520.40	n	(P-16926/98; A-268)
2520.50	n	(P-16926/98; A-268)
2520.60	n	(P-16926/98; A-268)
2520.70	n	(P-16926/98; A-268)
2520.80	n	(P-16926/98; A-268)
2520.90	n	(P-16926/98; A-268)
2520.II.A	n	(P-16926/98; A-268)
2525.10	n	(P-16956/98; A-302)
2525.20	n	(P-16956/98; A-302)
2525.30	n	(P-16956/98; A-302)
2525.40	n	(P-16956/98; A-302)
2525.50	n	(P-16956/98; A-302)
2525.60	n	(P-16956/98; A-302)
2525.70	n	(P-16956/98; A-302)
2525.80	n	(P-16956/98; A-302)
2525.90	n	(P-16956/98; A-302)
2525.100	n	(P-16956/98; A-302)
2525.110	n	(P-16956/98; A-302)
2525.II.A	n	(P-16956/98; A-302)
5421.70	am	(P-626)

TITLE 56

350.280	am	(P-8283/98; O-349; M-3877; A-3993) (P-7043)
2605.10	n	(P-7328)
2605.20	n	(P-7328)
2605.30	n	(P-7328)
2605.40	n	(P-7328)
2605.50	n	(P-7328)
2605.60	n	(P-7328)
2605.70	n	(P-7328)
2605.80	n	(P-7328)
2605.90	n	(P-7328)
2605.100	n	(P-7328)
2605.110	n	(P-7328)
2605.120	n	(P-7328)
2605.130	n	(P-7328)
2605.140	n	(P-7328)
2605.150	n	(P-7328)
2605.160	n	(P-7328)
2605.170	n	(P-7328)
2605.180	n	(P-7328)
2605.190	n	(P-7328)
2605.200	n	(P-7328)
2605.210	n	(P-7328)
2605.220	n	(P-7328)
2605.230	n	(P-7328)
2605.240	n	(P-7328)
2605.250	n	(P-7328)
2605.260	n	(P-7328)
2605.270	n	(P-7328)
2605.280	n	(P-7328)
2605.290	n	(P-7328)
2605.300	n	(P-7328)
2605.310	n	(P-7328)
2605.320	n	(P-7328)
2605.330	n	(P-7328)
2605.340	n	(P-7328)
2605.350	n	(P-7328)
2605.360	n	(P-7328)
2605.370	n	(P-7328)
2605.380	n	(P-7328)
2605.390	n	(P-7328)
2605.400	n	(P-7328)
2605.410	n	(P-7328)
2605.420	n	(P-7328)
2605.430	n	(P-7328)
2605.440	n	(P-7328)
2605.450	n	(P-7328)
2605.460	n	(P-7328)
2665.10	n	(P-814)
2665.20	n	(P-814)
2665.30	n	(P-814)
2665.40	n	(P-814)
2665.50	n	(P-814)
2665.60	n	(P-814)
2665.70	n	(P-814)
2665.80	n	(P-814)
2665.90	n	(P-814)
2770.110	am	(P-17180/98; A-155)
5421.70	am	(P-626; A-5690)

TITLE 59

50.10	am	(P-4357) (E-4513)
50.20	am	(P-4357) (E-4513)
50.30	am	(P-4357) (E-4513)
50.50	am	(P-4357) (E-4513)

Title 59 (cont'd)

50.70	am	(P-4357) (E-4513)
50.80	am	(P-4357) (E-4513)
50.90	n	(P-4357) (E-4513)
101.20	am	(P-4584) (E-5138)
101.30	am	(P-4584) (E-5138)
101.70	r	(P-4584) (E-5138)
101.75	am	(P-4584) (E-5138)
101.90	am	(P-4584) (E-5138)
101.90	am	(P-4584) (E-5138)
101.100	am	(P-4584) (E-5138)
101.110	am	(P-4584) (E-5138)
104.20	r	(P-14514/98; A-497)
111.30	r	(P-19490/98; A-7496)
112.10	am	(P-4598)
117.120	am	(P-5404)
117.125	r	(P-5404)
117.130	am	(P-5404)
117.135	am	(P-5404)
117.140	am	(P-5404)
117.142	n	(P-5404)
117.145	am	(P-5404)
117.200	am	(P-5404)
117.205	am	(P-5404)
117.215	am	(P-5404)
117.240	am	(P-5404)
117.300	am	(P-5404)
117.305	r	(P-5404)
117.320	am	(P-5404)
117.330	am	(P-5404)
117.332	n	(P-5404)
117.345	am	(P-5404)
117.Ap.A	r	(P-5404)
.II.A	r	(P-5404)
.II.B	r	(P-5404)
117.Ap.B	r	(P-5404)
.II.A	r	(P-5404)
.II.B	r	(P-5404)
.II.C	r	(P-5404)
.II.D	r	(P-5404)
.II.E	r	(P-5404)
119.260	am	(E-4503)
119.261	am	(P-14049/98; A-190)
119.270	am	(E-4503)
119.330	am	(E-4503)
132.70	am	(P-4353) (E-4497)
132.91	am	(P-4353) (E-4497)
135.5	n	(P-17205/98; RC 1393; A-1628)
135.10	n	(P-17205/98; RC 1393; A-1628)
135.15	am	(P-17205/98; RC 1393; A-1628)
135.20	n	(P-17205/98; RC 1393; A-1628; RQ-2619)
135.30	am	(P-17205/98; RC 1393; A-1628)
135.40	am	(P-17205/98; RC 1393; A-1628)
135.50	am	(P-17205/98; RC 1393; A-1628)
135.60	r	(P-17205/98; RC 1393; A-1628)
135.70	am	(P-17205/98; RC 1393; A-1628)
135.80	r	(P-17205/98; RC 1393; A-1628)
135.81	n	(P-17205/98; RC 1393; A-1628)
135.85	n	(P-17205/98; RC 1393; A-1628)
135.90	n	(P-17205/98; RC 1393; A-1628)
135.91	am	(P-17205/98; RC 1393; A-1628)
135.100	r	(P-17205/98; RC 1393; A-1628)
135.110	r	(P-17205/98; RC 1393; A-1628)
135.120	am	(P-17205/98; RC 1393; A-1628)
135.130	am	(P-17205/98; RC 1393; A-1628)
135.140	r	(P-17205/98; RC 1393; A-1628)
135.150	am	(P-17205/98; RC 1393; A-1628)
135.160	r	(P-17205/98; RC 1393; A-1628)
258.260	am	(P-4363) (E-4547)
258.270	r	(P-4363) (E-4547)
299.100	n	(P-19496/98; A-4231)
299.110	n	(P-19496/98; A-4231)
299.120	n	(P-19496/98; A-4231)
299.130	n	(P-19496/98; A-4231)
299.200	n	(P-19496/98; A-4231)
299.210	n	(P-19496/98; A-4231)
299.220	n	(P-19496/98; A-4231)
299.230	n	(P-19496/98; A-4231)
299.300	n	(P-19496/98; A-4231)
299.310	n	(P-19496/98; A-4231)
299.320	n	(P-19496/98; A-4231)
299.330	n	(P-19496/98; A-4231)
299.340	n	(P-19496/98; A-4231)
299.350	n	(P-19496/98; A-4231)
299.400	n	(P-19496/98; A-4231)
299.410	n	(P-19496/98; A-4231)
299.420	n	(P-19496/98; A-4231)
299.430	n	(P-19496/98; A-4231)
299.500	n	(P-19496/98; A-4231)
299.600	n	(P-19496/98; A-4231)
299.610	n	(P-19496/98; A-4231)
299.620	n	(P-19496/98; A-4231)
299.630	n	(P-19496/98; A-4231)
299.640	n	(P-19496/98; A-4231)
299.650	n	(P-19496/98; A-4231)
299.660	n	(P-19496/98; A-4231)
299.670	n	(P-19496/98; A-4231)
299.680	n	(P-19496/98; A-4231)
299.690	n	(P-19496/98; A-4231)
299.700	n	(P-19496/98; A-4231)
299.800	n	(P-19496/98; A-4231)
299.810	n	(P-19496/98; A-4231)
299.820	n	(P-19496/98; A-4231)

Title 59 (cont'd)

299.830	n	(P-19496/98; A-4231)
299.840	n	(P-19496/98; A-4231)
299.850	n	(P-19496/98; A-4231)
299.900	n	(P-19496/98; A-4231)
299.910	n	(P-19496/98; A-4231)
299.920	n	(P-19496/98; A-4231)
299.930	n	(P-19496/98; A-4231)
299.940	n	(P-19496/98; A-4231)
299.Ap.A	n	(P-19496/98; A-4231)

TITLE 62

120.10	r	(P-18199/98; A-1693)
120.20	r	(P-18199/98; A-1693)
120.30	r	(P-18199/98; A-1693)
120.40	r	(P-18199/98; A-1693)
120.50	r	(P-18199/98; A-1693)
120.60	r	(P-18199/98; A-1693)
120.70	r	(P-18199/98; A-1693)
120.80	r	(P-18199/98; A-1693)
120.90	r	(P-18199/98; A-1693)
120.100	r	(P-18199/98; A-1693)
300.210	am	(P-6021)
300.215	am	(P-6021)
300.225	am	(P-6021)
300.235	am	(P-6021)
300.236	am	(P-6021)
300.237	am	(P-6021)
300.239	am	(P-6021)
300.247	am	(P-6021)
1701.Ap.A		(P-20666/98; W-5268)
1784.14	am	(P-20708/98; W-5270)
1784.20	am	(P-20708/98; W-5270)
1817.41	am	(P-20695/98; W-5269)
1817.121	am	(P-20695/98; W-5269)

TITLE 68

590.60	am	(P-15817/98; A-420)
610.10	am	(P-15843/98; A-446)
610.50	am	(P-15843/98; A-446) (P-3234)
610.80	am	(P-15843/98; A-446)
610.100	am	(P-15843/98; A-446)
1140.10	n	(P-21293/98; A-5705)
1140.20	n	(P-21293/98; A-5705)
1140.30	n	(P-21293/98; A-5705)
1140.50	n	(P-21293/98; A-5705)
1140.60	n	(P-21293/98; A-5705)
1140.100	n	(P-21293/98; A-5705)
1140.110	n	(P-21293/98; A-5705)
1175.100	am	(P-1493; A-5749)
1175.115	n	(P-1493; A-5749)
1175.405	am	(P-1493; A-5749)
1175.410	am	(P-1493; A-5749)
1175.420	am	(P-1493; A-5749)
1175.425	am	(P-1493; A-5749)
1175.435	am	(P-1493; A-5749)
1175.536	n	(P-1493; A-5749)
1175.705	am	(P-1493; A-5749)
1175.710	am	(P-1493; A-5749)
1175.720	am	(P-1493; A-5749)
1175.725	am	(P-1493; A-5749)
1175.735	am	(P-1493; A-5749)
1175.841	n	(P-1493; A-5749)
1175.1005	am	(P-1493; A-5749)
1175.1010	am	(P-1493; A-5749)
1175.1020	am	(P-1493; A-5749)
1175.1025	am	(P-1493; A-5749)
1175.1035	am	(P-1493; A-5749)
1175.1141	n	(P-1493; A-5749)
1175.1200	am	(P-1493; A-5749)
1175.1300	am	(P-1493; A-5749)
1200.50	am	(P-20726/98; A-7102)
1200.75	am	(P-20726/98; A-7102)
1200.90	n	(P-20726/98; A-7102)
1220.100	am	(P-18797/98; A-7294)
1220.110	am	(P-18797/98; A-7294)
1220.120	am	(P-18797/98; A-7294)
1220.155	am	(P-18797/98; A-7294)
1220.156	am	(P-18797/98; A-7294)
1220.160	am	(P-18797/98; A-7294)
1220.170	am	(P-18797/98; A-7294)
1220.200	am	(P-18797/98; A-7294)
1220.210	am	(P-18797/98; A-7294)
1220.220	am	(P-18797/98; A-7294)
1220.260	am	(P-18797/98; A-7294)
1220.270	am	(P-18797/98; A-7294)
1220.310	am	(P-18797/98; A-7294)
1220.360	am	(P-18797/98; A-7294)
1220.380	n	(P-18797/98; A-7294)
1220.410	am	(P-18797/98; A-7294)
1220.440	am	(P-18797/98; A-7294)
1250.220	am	(P-19219/98; A-2296)
1300.10	am	(P-6374)
1300.15	am	(P-6374)
1300.20	am	(P-6374)
1300.25	am	(P-6374)
1300.27	r	(P-6374)
1300.30	am	(P-6374)
1300.35	am	(P-6374)
1300.40	am	(P-6374)
1300.41	am	(P-6374)
1300.42	am	(P-6374)
1300.43	am	(P-6374)
1300.44	am	(P-6374)

Title 68 (cont'd)

1300.48	am	(P-6374)
1300.50	am	(P-6374)
1300.60	am	(P-6374)
1300.65	n	(P-6374)
1300.Ap.A	n	(P-6374)
1300.Ap.B	n	(P-6374)
1300.Ap.C	n	(P-6374)
1300.Ap.D	n	(P-6374)
1310.20	am	(P-20739/98; A-5728)
1310.30	am	(P-20739/98; A-5728)
1310.40	am	(P-20739/98; A-5728)
1310.50	am	(P-20739/98; A-5728)
1310.70	am	(P-20739/98; A-5728)
1310.80	am	(P-20739/98; A-5728)
1310.85	am	(P-20739/98; A-5728)
1310.100	am	(P-20739/98; A-5728)
1315.100	am	(P-18820/98; A-2304)
1315.110	am	(P-18820/98; A-2304)
1315.120	am	(P-18820/98; A-2304)
1315.160	am	(P-18820/98; A-2304)
1315.165	am	(P-18820/98; A-2304)
1320.210	am	(P-123; A-5744)
1340.20	am	(P-7053)
1340.30	am	(P-7053)
1340.50	am	(P-7053)
1340.60	am	(P-7053)
1340.65	am	(P-7053)
1350.20	am	(P-6041/98; A-3999)
1350.40	am	(P-6041/98; A-3999)
1350.80	am	(P-6041/98; A-3999)
1350.116	am	(P-6041/98; A-3999)
1350.117	am	(P-6041/98; A-3999)
1360.30	am	(P-4379)
1360.45	am	(P-4379)
1360.50	am	(P-4379)
1360.55	am	(P-4379)
1360.60	am	(P-4379)
1360.65	am	(P-4379)
1360.70	am	(P-4379)
1360.75	am	(P-4379)
1360.90	am	(P-4379)
1360.95	n	(P-4379)
1470.10	am	(P-14150/98; A-5712)
1470.20	am	(P-14150/98; A-5712)
1470.60	am	(P-14150/98; A-5712)
1470.80	am	(P-14150/98; A-5712)
1470.90	am	(P-14150/98; A-5712)
1470.95	am	(P-14150/98; A-5712)
1470.96	am	(P-14150/98; A-5712)
1470.97	n	(P-14150/98; A-5712)

TITLE 71

40.130	am	(P-6196) (E-6521)

TITLE 77

210.2500	am	(P-4364)
215.100	n	(P-15517/98; A-4446)
215.200	n	(P-15517/98; A-4446)
215.300	n	(P-15517/98; A-4446)
215.400	n	(P-15517/98; A-4446)
215.500	n	(P-15517/98; A-4446)
215.600	n	(P-15517/98; A-4446)
215.700	n	(P-15517/98; A-4446)
215.800	n	(P-15517/98; A-4446)
215.Ap.A	n	(P-15517/98; A-4446)
230.100	n	(P-15946/98; A-6907)
230.200	n	(P-15946/98; A-6907)
230.300	n	(P-15946/98; A-6907)
230.400	n	(P-15946/98; A-6907)
245.72	am	(P-6109/98; A-1028)
250.160	am	(P-6762)
250.310	am	(P-6088/98; A-1007)
250.330	am	(P-3306) (E-3508)
250.435	am	(P-6088/98; A-1007)
250.1075	n	(P-6762)
250.1220	am	(P-6762)
250.1240	am	(P-6762)
250.1250	am	(P-6762)
250.1260	am	(P-6762)
250.1280	am	(P-6762)
250.1290	am	(P-6762)
250.1320	am	(P-6762)
250.1510	am	(P-3306) (E-3508)
250.2140	am	(P-6762)
250.2470	am	(P-6762)
280.1000	am	(P-6746)
280.1020	am	(P-6746)
280.2000	am	(P-6746)
280.2010	am	(P-6746)
280.2030	am	(P-6746)
280.4010	am	(P-6746) (E-6913)
280.4015	n	(P-6746) (E-6913)
300.160	am	(P-6185/98; A-1103)
300.163	n	(P-6185/98; A-1103)
300.620	am	(P-6185/98; A-1103)
300.661	am	(P-6185/98; A-1103)
330.160	am	(P-6166/98; A-1085)
330.163	n	(P-6166/98; A-1085)
330.720	am	(P-6166/98; A-1085)
330.911	am	(P-6166/98; A-1085)
340.1120	am	(P-6119/98; A-1038)
340.1125	n	(P-6119/98; A-1038)
340.1310	am	(P-6119/98; A-1038)

Title 77 (cont'd)

340.1377	am	(P-6119/98; A-1038)
350.630	am	(P-6133/98; A-1052)
350.681	am	(P-6133/98; A-1052)
370.160	am	(P-6074/98; A-993)
370.165	n	(P-6074/98; A-993)
370.715	am	(P-6074/98; A-993)
390.630	am	(P-6150/98; A-1069)
390.631	am	(P-6150/98; A-1069)
672.600	am	(P-4365) (E-4553)
675.10	am	(P-5062)
675.20	am	(P-5062)
675.30	n	(P-5062)
675.100	am	(P-5062)
675.110	am	(P-5062)
675.120	am	(P-5062)
675.130	am	(P-5062)
675.140	am	(P-5062)
675.200	am	(P-5062)
675.210	n	(P-5801/98; A-4270)
675.220	n	(P-5801/98; A-4270)
675.240	n	(P-5801/98; A-4270)
675.250	n	(P-5801/98; A-4270)
675.300	n	(P-5801/98; A-4270)
680.10	r	(P-5812/98; A-4276)
680.20	r	(P-5812/98; A-4276)
680.30	r	(P-5812/98; A-4276)
681.10	r	(P-5789/98; A-4268)
681.20	r	(P-5789/98; A-4268)
681.30	r	(P-5789/98; A-4268)
681.110	r	(P-5789/98; A-4268)
681.120	r	(P-5789/98; A-4268)
681.130	r	(P-5789/98; A-4268)
681.140	r	(P-5789/98; A-4268)
681.150	r	(P-5789/98; A-4268)
681.160	r	(P-5789/98; A-4268)
681.170	r	(P-5789/98; A-4268)
685.10	am	(P-5816/98; A-4278)
685.20	am	(P-5816/98; A-4278)
685.110	am	(P-5816/98; A-4278)
685.115	n	(P-5816/98; A-4278)
685.120	am	(P-5816/98; A-4278)
685.130	n	(P-5816/98; A-4278)
685.140	n	(P-5816/98; A-4278)
685.150	n	(P-5816/98; A-4278)
685.200	r	(P 5816/98; A-4278)
685.210	r	(P-5816/98; A-4278)
685.220	r	(P-5816/98; A-4278)
685.230	n	(P-5816/98; A-4278)
685.240	n	(P-5816/98; A-4278)
685.250	n	(P-5816/98; A-4278)
685.260	n	(P-5816/98; A-4278)
685.270	n	(P-5816/98; A-4278)
685.280	n	(P-5816/98; A-4278)
685.300	r	(P-5816/98; A-4278)
685.310	r	(P-5816/98; A-4278)
685.320	n	(P-5816/98; A-4278)
685.400	r	(P-5816/98; A-4278)
820.10	am	(P-1250; A-6079)
820.20	am	(P-1250; A-6079)
820.100	am	(P-1250; A-6079)
820.110	am	(P-1250; A-6079)
820.120	am	(P-1250; A-6079)
820.130	am	(P-1250; A-6079)
820.140	n	(P-1250; A-6079)
820.150	n	(P-1250; A-6079)
820.200	am	(P-1250; A-6079)
820.210	am	(P-1250; A-6079)
820.220	am	(P-1250; A-6079)
820.230	am	(P-1250; A-6079)
820.240	am	(P-1250; A-6079)
820.250	am	(P-1250; A-6079)
820.260	r	(P-1250; A-6079)
820.270	n	(P-1250; A-6079)
820.290	n	(P-1250; A-6079)
820.300	am	(P-1250; A-6079) (E-6551)
820.310	am	(P-1250; A-6079)
820.315	n	(P-1250; A-6079)
820.320	am	(P-1250; A-6079)
820.330	am	(P-1250; A-6079)
820.340	am	(P-1250; A-6079)
820.350	am	(P-1250; A-6079)
820.360	am	(P-1250; A-6079)
820.370	am	(P-1250; A-6079)
820.380	am	(P-1250; A-6079)
820.400	am	(P-1250; A-6079)
820.Ap. A		
Il. A	am	(P-1250; A-6079)
Il.B	am	(P-1250; A-6079)
Il.C	am	(P-1250; A-6079)
Il.D	am	(P-1250; A-6079)
Il.E	r	(P-1250; A-6079)
Il.F	r	(P-1250; A-6079)
Il.J	am	(P-1250; A-6079)
Il.M	r	(P-1250; A-6079)
Il.N	am	(P-1250; A-6079)
820.Ap.B		
Tb.B	am	(P-1250; A-6079)
Tb.C	am	(P-1250; A-6079)
Tb.D	am	(P-1250; A-6079)
Tb.E	am	(P-1250; A-6079)
830.710	am	(P-15184/98; A-5620)
855.5	n	(O-2822; C-3101; M-3879; A-4010)

Title 77 (cont'd)

855.10	n	(P-4632/98; O-2822; C-3101; A-4010)
855.10	r	(P-4733/98; A-4007)
855.20	n	(P-4632/98; O-2822; C-3101; M-3879; A-4010)
855.20	r	(P-4733/98; A-4007)
855.25	n	(O-2822; C-3101; A-4010)
855.30	r	(P-4733/98; A-4007)
855.40	r	(P-4733/98; A-4007)
855.50	r	(P-4733/98; A-4007)
855.60	r	(P-4733/98; A-4007)
855.70	r	(P-4733/98; A-4007)
855.80	r	(P-4733/98; A-4007)
855.90	r	(P-4733/98; A-4007)
855.100	n	(P-4632/98; O-2822; C-3101; A-4010)
855.100	r	(P-4733/98; A-4007)
855.110	n	(P-4632/98; O-2822; C-3101; A-4010)
855.110	r	(P-4733/98; A-4007)
855.120	n	(P-4632/98; O-2822; C-3101; A-4010)
855.120	r	(P-4733/98; A-4007)
855.130	r	(P-4733/98; A-4007)
855.140	n	(O-2822; C-3101; A-4010)
855.140	r	(P-4733/98; A-4007)
855.150	n	(O-2822; C-3101; A-4010)
855.150	r	(P-4733/98; A-4007)
855.160	n	(O-2822; C-3101; A-4010)
855.160	r	(P-4733/98; A-4007)
855.170	n	(O-2822; C-3101; A-4010)
855.170	r	(P-4733/98; A-4007)
855.180	r	(P-4733/98; A-4007)
855.190	r	(P-4733/98; A-4007)
855.200	r	(P-4733/98; A-4007)
855.210	r	(P-4733/98; A-4007)
855.220	n	(O-2822; C-3101; A-4010)
855.220	r	(P-4733/98; A-4007)
855.230	n	(P-4632/98; O-2822; C-3101; A-4010)
855.230	r	(P-4733/98; A-4007)
855.240	n	(P-4632/98; O-2822; C-3101; M-3879 A-4010)
855.240	r	(P-4733/98; A-4007)
855.250	r	(P-4733/98; A-4007)
855.260	r	(P-4733/98; A-4007)
855.270	r	(P-4733/98; A-4007)
855.275	r	(P-4733/98; A-4007)
855.280	r	(P-4733/98; A-4007)
855.290	r	(P-4733/98; A-4007)
855.300	n	(P-4632/98; O-2822; C-3101; A-4010)
855.300	r	(P-4733/98; A-4007)
855.310	n	(P-4632/98; O-2822; C-3101; A-4010)
855.310	r	(P-4733/98; A-4007)
855.320	r	(P-4733/98; A-4007)
855.320	n	(P-4632/98; O-2822; C-3101; A-4010)
855.325	n	(P-4632/98; O-2822; C-3101; A-4010)
855.330	n	(P-4632/98; O-2822; C-3101; M-3879; A-4010)
855.330	r	(P-4733/98; A-4007)
855.340	r	(P-4733/98; A-4007)
855.345	r	(P-4733/98; A-4007)
855.350	n	(P-4632/98; O-2822; C-3101; A-4010)
855.350	r	(P-4733/98; A-4007)
855.355	r	(P-4733/98; A-4007)
855.360	n	(P-4632/98; O-2822; C-3101; A-4010)
855.370	n	(P-4632/98; O-2822; C-3101; A-4010)
855.370	r	(P-4733/98; A-4007)
855.380	n	(P-4632/98; O-2822; C-3101; A-4010)
855.390	n	(P-4632/98; O-2822; C-3101; A-4010)
855.400	n	(P-4632/98; O-2822; C-3101; A-4010)
855.410	n	(P-4623/98; O-2822; C-3101; A-4010)
855.420	n	(P-4632/98; O-2822; C-3101; A-4010)
855.425	n	(P-4632/98; O-2822; C-3101; A-4010)
855.430	n	(P-4632/98; O-2822; C-3101; A-4010)
855.440	n	(P-4632/98; O-2822; C-3101; A-4010)
855.450	n	(P-4632/98; O-2822; C-3101; A-4010)
855.460	n	(P-4632/98; O-2822; C-3101; A-4010)
855.465	n	(P-4632/98; O-2822; C-3101; A-4010)
855.470	n	(P-4632/98; O-2822; C-3101; A-4010)
855.475	n	(P-4632/98; O-2822; C-3101; A-4010)
855.480	n	(P-4632/98; O-2822; C-3101; A-4010)
855.490	n	(P-4632/98; O-2822; C-3101; A-4010)
855.500	n	(P-4632/98; O-2822; C-3101; A-4010)
855.510	n	(P-4632/98; O-2822; C-3101; A-4010)
855.520	n	(O-2822; C-3101; A-4010)
855.600	n	(O-2822; C-3101; A-4010)
855.610	n	(O-2822; C-3101; A-4010)
855.620	n	(O-2822; C-3101; A-4010)
855.630	n	(O-2822; C-3101; A-4010)
855.640	n	(O-2822; C-3101; A-4010)
855.Ap.A	n	(P-4632/98; O-2822; C-3101; A-4010)
855.Ap.A	r	(P-4733/98; A-4007)
.II.A	n	(P-4632/98; O-2822; C-3101; A-4010)
.II.A	r	(P-4733/98; A-4007)
.II.B	r	(P-4733/98; A-4007)
.II.B	n	(P-4632/98; O-2822; C-3101; A-4010)
.II.C	r	(P-4733/98; A-4007)
.II.D	r	(P-4733/98; A-4007)
855.Ap.B	n	(P-4632/98; O-2822; C-3101; A-4007)
.II.A	n	(P-4632/98; O-2822; C-3101)
.II.A	r	(P-4733/98; A-4007)
.II.B	n	(P-4632/98; O-2822; C-3101)
.II.B	r	(P-4733/98; A-4007)
.II.C	n	(P-4632/98; O-2822; C-3101)
.II.C	r	(P-4733/98; A-4007)
.II..D	n	(P-4632/98; O-2822; C-3101)
.II.D	r	(P-4733/98; A-4007)

Title 77 (cont'd)

.II.E	n	(P-4632/98; O-2822; C-3101)
.II.E	r	(P-4733/98; A-4007)
.II.F	n	(P-4632/98; O-2822; C-3101)
.II.F	r	(P-4733/98; A-4007)
.II.G	n	(P-4632/98; O-2822; C-3101)
.II.G	r	(P-4733/98; A-4007)
.II.H	n	(P-4632/98; O-2822; C-3101)
.II.H	r	(P-4733/98; A-4007)
.II.I	n	(P-4632/98; O-2822; C-3101)
.II.I	r	(P-4733/98; A-4007)
855.Ap.C	r	(P-4733/98; A-4007)
.II.A	r	(P-4733/98; A-4007)
.II.B	r	(P-4733/98; A-4007)
.II.C	r	(P-4733/98; A-4007)
.II.D	r	(P-4733/98; A-4007)
.II.E	r	(P-4733/98; A-4007)
.II.F	r	(P-4733/98; A-4007)
.II.G	r	(P-4733/98; A-4007)
.II.H	r	(P-4733/98; A-4007)
.II.I	r	(P-4733/98; A-4007)
.II.J	r	(P-4733/98; A-4007)
870.20	am	(P-17300/98; A-5609)
870.30	am	(P-17300/98; A-5609)
870.40	am	(P-17300/98; A-5609)
870.50	am	(P-17300/98; A-5609)
870.60	am	(P-17300/98; A-5609)
900.20	am	(P-3924)
900.45	n	(P-3924)
905.15	am	(P-6595/98; A-5080)
1100.60	am	(P-9134/98; A-2960)
1100.70	am	(P-9134/98; A-2960)
1100.220	am	(P-9134/98; A-2960)
1100.510	am	(P-9134/98; A-2960)
1100.520	am	(P-9134/98; A-2960)
1100.560	am	(P-9134/98; A-2960)
1100.570	am	(P-9134/98; A-2960)
1100.580	am	(P-9134/98; A-2960)
1100.590	am	(P-9134/98; A-2960)
1100.630	am	(P-9134/98; A-2960)
1100.660	am	(P-9134/98; A-2960)
1100.661	n	(P-9134/98; A-2960)
1100.680	am	(P-9134/98; A-2960)
1100.710	r	(P-9134/98; A-2960)
1100.720	am	(P-9134/98; A-2960)
1110.40	am	(P-9163/98; A-2987)
1110.60	am	(P-9163/98; A-2987)
1110.110	am	(P-9163/98; A-2987)
1110.120	am	(P-9163/98; A-2987)
1110.130	am	(P-9163/98; A-2987)
1110.210	am	(P-9163/98; A-2987)
1110.230	am	(P-9163/98; A-2987)
1110.235	am	(P-9163/98; A-2987)
1110.240	am	(P-9163/98; A-2987)
1110.420	am	(P-9163/98; A-2987)
1110.520	am	(P-9163/98; A-2987)
1110.720	am	(P-9163/98; A-2987)
1110.730	am	(P-9163/98; A-2987)
1110.810	am	(P-9163/98; A-2987)
1110.820	am	(P-9163/98; A-2987)
1110.830	am	(P-9163/98; A-2987)
1110.920	am	(P-9163/98; A-2987)
1110.930	am	(P-9163/98; A-2987)
1110.1010	am	(P-9163/98; A-2987)
1110.1020	am	(P-9163/98; A-2987)
1110.1420	am	(P-9163/98; A-2987)
1110.1430	am	(P-9163/98; A-2987)
1110.1520	am	(P-9163/98; A-2987)
1110.1530	am	(P-9163/98; A-2987)
1110.1540	am	(P-9163/98; A-2987)
1110.1720	am	(P-9163/98; A-2987)
1110.1730	am	(P-9163/98; A-2987)
1110.1820	am	(P-9163/98; A-2987)
1110.1830	am	(P-9163/98; A-2987)
1110.1910	am	(P-9163/98; A-2987)
1110.1920	am	(P-9163/98; A-2987)
1110.1930	am	(P-9163/98; A-2987)
1110.2130	am	(P-9163/98; A-2987)
1110.2210	r	(P-9163/98; A-2987)
1110.2220	r	(P-9163/98; A-2987)
1110.2230	r	(P-9163/98; A-2987)
1110.2320	am	(P-9163/98; A-2987)
1110.2330	am	(P-9163/98; A-2987)
1110.2510	am	(P-9163/98; A-2987)
1110.2610	am	(P-9163/98; A-2987)
1110.Ap.B	am	(P-9163/98; A-2987)
1130.110	am	(P-6834/98; A-2911)
1130.120	am	(P-6834/98; A-2911)
1130.130	am	(P-6834/98; A-2911)
1130.140	am	(P-6834/98; A-2911) (P-3614; A-7752) (E-3835)
1130.210	am	(P-6834/98; A-2911)
1130.220	am	(P-6834/98; A-2911)
1130.310	am	(P-6834/98; A-2911)
1130.410	am	(P-6834/98; A-2911)
1130.510	am	(P-6834/98; A-2911)
1130.520	am	(P-6834/98; A-2911)
1130.540	am	(P-6834/98; A-2911)
1130.541	n	(P-6834/98; A-2911)
1130.560	am	(P-6834/98; A-2911)
1130.570	am	(P-6834/98; A-2911)
1130.610	am	(P-6834/98; A-2911)
1130.620	am	(P-6834/98; A-2911)
1130.640	am	(P-6834/98; A-2911)

Title 77 (cont'd)

1130.650	am	(P-6834/98; A-2911)
1130.660	am	(P-6834/98; A-2911)
1130.670	am	(P-6834/98; A-2911)
1130.680	am	(P-6834/98; A-2911)
1130.710	am	(P-6834/98; A-2911)
1130.720	am	(P-6834/98; A-2911)
1130.730	am	(P-6834/98; A-2911)
1130.740	am	(P-6834/98; A-2911)
1130.750	am	(P-6834/98; A-2911)
1130.Ap.A	am	(P-6834/98; A-2911)
2000.10	r	(P-4361) (E-4536)
2000.20	r	(P-4361) (E-4536)
2000.30	r	(P-4361) (E-4536)
2000.40	r	(P-4361) (E-4536)
2000.50	r	(P-4361) (E-4536)
2000.60	r	(P-4361) (E-4536)
2000.70	r	(P-4361) (E-4536)
2000.80	r	(P-4361) (E-4536)
2000.90	r	(P-4361) (E-4536)
2000.100	r	(P-4361) (E-4536)
2000.110	r	(P-4361) (E-4536)
2000.120	r	(P-4361) (E-4536)
2000.130	r	(P-4361) (E-4536)
2000.140	r	(P-4361) (E-4536)
2000.150	r	(P-4361) (E-4536)
2000.160	r	(P-4361) (E-4536)
2000.170	r	(P-4361) (E-4536)
2000.180	r	(P-4361) (E-4536)
2000.190	r	(P-4361) (E-4536)
2000.200	r	(P-4361) (E-4536)
2000.210	r	(P-4361) (E-4536)
2030.620	r	(P-11669/98; A-488)
2030.810	am	(P-11669/98; A-488)
2060.217	am	(P-1206)
2060.341	am	(P-4351) (E-4488)
2200.10	n	(P-14377/89; A-1662)
2200.20	n	(P-14377/89; A-1662)
2200.30	n	(P-14377/89; A-1662)
2200.40	n	(P-14377/89; A-1662)
2200.50	n	(P-14377/89; A-1662)
2200.60	n	(P-14377/89; A-1662)
2200.70	n	(P-14377/89; A-1662)
2200.80	n	(P-14377/89; A-1662)
2200.90	n	(P-14377/89; A-1662)
2200.100	n	(P-14377/89; A-1662)
2200.110	n	(P-14377/89; A-1662)
2200.120	n	(P-14377/89; A-1662)
2200.130	n	(P-14377/89; A-1662)
2200.140	n	(P-14377/89; A-1662)
2200.150	n	(P-14377/89; A-1662)

TITLE 80

310.230	am	(P-16397/98; A-664) (P-6198) (P-6720) (E-6533)
310.270	am	(P-16397/98; A-664)
310.280	am	(P-16397/98; A-664) (P-5973)
310.470	am	(P-5215)
310.Ap.A		
Tb AA	am	(P-5300)
.Tb H	am	(PP-730) (P-5300)
.Tb. J	am	(P-5300)
.Tb. O	am	(P-5300)
.Tb. R	am	(P-5300)
.Tb. S	am	(P-20431/98; A-7065)
.Tb. W	am	(P-5300)
.Tb. X	am	(P-5300)
.Tb. Y	am	(P-5300)
.Tb. Z	am	(P-5300)
310.Ap.G	am	(P-16397/98; A-664)
1540.80	am	(P-6414)
1540.100	am	(P-6414)
1540.320	am	(P-19525/98; A-3824)
1540.Tb.A	am	(P-19525/98; A-3824)
1600.80	am	(P-7707)
1600.120	n	(P-7707)
1600.130	n	(P-7707)
1650.410	am	(P-20808/98; A-3079)
2700.110	am	(E-566) (P-378; A-6039)
2700.310	am	(E-566) (P-378; A-6039)
2700.600	am	(E-566) (P-378; A-6039)
2700.610	am	(E-566) (P-378; A-6039)
2700.660	am	(E-566) (P-378; A-6039)
2700.730	am	(E-566) (P-378; A-6039)
2700.740	am	(E-566) (P-378; A-6039)
2700.750	am	(E-566) (P-378; A-6039)
2700.800	am	(E-566) (P-378; A-6039)
2700.820	am	(E-566) (P-378; A-6039)

TITLE 83

411.190	n	(P-10945/98; O-19664/98; R-20424/98; A-20042/98; F-346)
415.10	am	(P-16091/98; A-1346)
415.20	am	(P-16091/98; A-1346)
450.10	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.20	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.30	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.40	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.50	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)

Title 83 (cont'd)

450.60	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.70	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.80	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.85	n	(P-10947/98; O-19665/98; R-20425/98, A-20071/98; F-347)
450.90	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.100	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.110	n	(P-10947/98; O-19665/98; R-20425/98; A-20071/98; F-347)
450.120	n	(P-10947/98; O-19665/98; R-20425/98 A-20071/98; F-347)
450.130	n	(P-10947/98; O-19665/98; R-20425/98 A-20071/98; F-347)
450.140	n	(P-10947/98; O-19665/98; R-20425/98 A-20071/98; F-347)
450.150	n	(P-10947/98; O-19665/98; R-20425/98 A-20071/98; F-347)
450.160	n	(P-10947/98; O-19665/98; R-20425/98 A-20071/98; F-347)
451.10	n	(P-1; A-5528) (P-1180)
451.20	n	(P-1; A-5528) (P-1180)
451.30	n	(P-1; A-5528) (P-1180)
451.40	n	(P-1; A-5528) (P-1180)
451.100	n	(P-1; A-5528)
451.110	n	(P-1; A-5528)
451.120	n	(P-1; A-5528)
451.130	n	(P-1; A-5528)
451.140	n	(P-1; A-5528)
451.150	n	(P-1; A-5528)
451.160	n	(P-1; A-5528)
451.200	n	(P-1180)
451.210	n	(P-1180)
451.220	n	(P-1180)
451.230	n	(P-1180)
451.240	n	(P-1180)
451.250	n	(P-1180)
451.260	n	(P-1180)
451.270	n	(P-1180)
451.300	n	(P-1180)
451.310	n	(P-1180)
451.320	n	(P-1180)
451.330	n	(P-1180)
451.340	n	(P-1180)
451.350	n	(P-1180)
451.360	n	(P-1180)
451.370	n	(P-1180)
451.400	n	(P-1180)
451.410	n	(P-1180)
451.420	n	(P-1180)
451.430	n	(P-1180)
451.440	n	(P-1180)
451.450	n	(P-1180)
451.500	n	(A-5528)
451.510	n	(P-5528)
505.10	am	(P-16095/89; A-1350)
505.20	r	(P-16095/98; A-1350)
590.10	am	(P-4125)
745.10	am	(P-10951/98; A-1597)
745.15	am	(P-10951/98; A-1597)
745.40	n	(P-10951/98; A-1597)
745.200	am	(P-10951/98; A-1597)
745.210	r	(P-10951/98; A-1597)
745.220	r	(P-10951/98; A-1597)
745.221	am	(P-10951/98; A-1597)
745.225	r	(P-10951/98; A-1597)
745.Ex.A	r	(P-10951/98; A-1597)
745.Ex.B	am	(P-10951/98; A-1597)
757.Ex.A	am	(P-4128)
757.Ex.B	am	(P-4128)
757.Ex.C	am	(P-4128)

TITLE 86

100.2470	am	(P-19509/98; A-3808)
106.100	n	(P-10951/98; A-1597)
106.110	n	(P-10951/98; A-1597)
106.120	n	(P-10951/98; A-1597)
106.130	n	(P-10951/98; A-1597)
106.200	n	(P-10951/98; A-1597)
106.300	n	(P-10951/98; A-1597)
106.400	n	(P-10951/98; A-1597)
130.605	am	(P-5224)
710.10	n	(E-3521) (P-6929)
710.20	n	(E-3521) (P-6929)
710.30	n	(E-3521) (P-6929)
710.40	n	(E-3521) (P-6929)
710.50	n	(E-3521) (P-6929)
710.60	n	(E-3521) (P-6929)
750.100	am	(P-20797/98; A-5847)
750.300	am	(P-20797/98; A-5847)
750.500	am	(P-20797/98; A-5847)
750.600	am	(P-20797/98; A-5847)
3000.100	am	(P-3538)
3000.614	am	(P-3538)
3000.631	am	(P-3538)
3000.660	am	(P-3538)

TITLE 89

10.430	am	(P-2479; A-6944)
104.100	am	(P-16970/98; A-2393)
104.101	am	(P-16970/98; A-2393)
104.102	am	(P-16970/98; A-2393)
104.105	am	(P-16970/98; A-2393)
112.1	am	(P-13286/98; A-942)
112.2	n	(P-831; A-7091) (E-1133)
112.9	am	(P-13286/98; A-942)
112.10	am	(P-384; A-6958) (E-598)
112.70	am	(P-13286/98; A-942)
112.72	am	(P-13286/98; A-942)
112.74	am	(P-13286/98; A-942)
112.78	am	(P-13286/98; A-942) (P-5647) (E-5881)
112.79	am	(P-13286/98; A-942)
112.80	am	(P-13286/98; A-942)
112.131	am	(P-4586)
112.135	am	(P-4586)
112.141	am	(P-4586)
112.155	am	(P-4586)
112.250	am	(P-4586)
112.255	r	(P-16135/98; A-1682)
113.1	am	(P-21226/98; A-5548)
113.10	am	(P-380; A-6935) (E-579)
113.107	am	(P-15872/98; A-6425)
113.111	am	(P-15872/98; A-6425)
113.141	am	(P-37)
113.157	am	(P-11266/98; A-6052)
113.158	n	(P-11266/98; A-6052)
113.253	am	(P-3554)
113.260	am	(P-3554)
113.309	r	(P-16131/98; A-1607)
114.10	am	(P-382; A-6948) (E-588)
114.406	am	(P-16133/98; A-1619)
114.408	n	(P-11279/98; A-6067)
117.50	am	(P-5442)
117.53	am	(P-14060/98; A-5263)
117.92	n	(P-3893)
118.500	n	(P-15514/98; A-562)
120.381	am	(P-16441/98; A-2381)
120.387	am	(P-5474)
121.20	am	(P-21228/98; A-3374)
121.63	am	(P-19984/98; A-3374)
121.91	am	(P-19984/98; A-3374)
121.92	am	(P-19984/98; A-3374)
121.105	r	(P-19677/98; A-3374)
121.107	n	(P-2477; A-7285) (E-2601)
121.145	n	(P-19984/98; A-3374)
125.100	n	(P-15511/98; A-543)
125.110	n	(P-15511/98; A-543)
125.200	n	(P-15511/98; A-543)
125.205	n	(P-15511/98; A-543)
125.220	n	(P-15511/98; A-543)
125.230	n	(P-15511/98; A-543)
125.240	n	(P-15511/98; A-543)
125.245	n	(P-15511/98; A-543)
125.250	n	(P-15511/98; A-543)
125.260	n	(P-15511/98; A-543)
125.300	n	(P-15511/98; A-543)
125.305	n	(P-15511/98; A-543)
125.310	n	(P-15511/98; A-543)
125.320	n	(P-15511/98; A-543)
125.330	n	(P-15511/98; A-543)
125.340	n	(P-15511/98; A-543)
125.400	n	(P-15511/98; A-543)
125.420	n	(P-15511/98; A-543)
125.440	n	(P-15511/98; A-543)
140.3	am	(P-7198)
140.5	am	(P-7198)
140.420	am	(P-7198)
140.421	am	(P-7198)
140.430	am	(P-20511/98; A-7122)
140.431	am	(P-20511/98; A-7122)
140.432	am	(P-20511/98; A-7122)
140.433	am	(P-20511/98; A-7122)
140.434	am	(P-20511/98; A-7122)
140.438	n	(P-20511/98; A-7122)
140.461	am	(P-128)
140.462	am	(P-128)
140.463	am	(P-21798/98; A-5796) (P-4203)
140.466	am	(P-4203)
140.467	am	(P-20511/98; A-7122)
140.560	am	(P-20511/98; A-7122)
143.100	n	(P-4201) (E-4292)
143.200	n	(P-4201) (E-4292)
143.300	n	(P-4201) (E-4292)
143.400	n	(P-4201) (E-4292)
143.500	n	(P-4201) (E-4292)
144.100	am	(P-14039/98; A-932)
146.205	am	(P-20769/98; A-5819)
146.210	am	(P-20769/98; A-5819)
146.215	am	(P-20769/98; A-5819)
146.220	am	(P-20769/98; A-5819)
146.225	am	(P-20769/98; A-5819)
146.230	am	(P-20769/98; A-5819)
146.235	am	(P-20769/98; A-5819)
146.255	am	(P-20769/98; A-5819)
146.290	n	(P-20769/98; A-5819)
148.82	am	(P-21786/98; A-5784)
148.140	am	(P-4176) (P-7475)
148.295	am	(P-4176)
148.297	am	(P-847; RC-6921; A-7115)
160.10	am	(P-16966/98; A-2313)

Title 89 (cont'd)

160.20	am	(P-16966/98; A-2313)
160.60	am	(P-16966/98; A-2313)
160.61	am	(P-16966/98; A-2313)
160.65	am	(P-16966/98; A-2313)
160.70	am	(P-16966/98; A-2313)
160.75	am	(P-16966/98; A-2313)
160.88	n	(P-16966/98; A-2313)
160.110	am	(P-16966/98; A-2313)
160.130	am	(P-16966/98; A-2313)
240.230	am	(P-9623/98; A-2496)
240.260	am	(P-15753/98; A-5642)
240.400	am	(P-15753/98; A-5642)
240.410	am	(P-15753/98; A-5642)
240.480	am	(P-15753/98; A-5642)
240.715	am	(P-15753/98; A-5642)
240.1010	am	(P-15753/98; A-5642)
240.1440	am	(P-15753/98; A-5642)
240.1510	am	(P-9623/98; A-2496)
240.1520	am	(P-9623/98; A-2496)
240.1535	am	(P-15753/98; A-5642)
240.1550	am	(P-9623/98; A-2496)
240.1555	am	(P-9623/98; A-2496)
240.1560	am	(P-9623/98; A-2496)
240.1565	am	(P-9623/98; A-2496)
240.1580	am	(P-9623/98; A-2496)
240.1605	am	(P-9623/98; A-2496)
240.1610	am	(P-15753/98; A-5642)
240.1650	am	(P-15753/98; A-5642)
240.1655	r	(P-15753/98; A-5642)
240.1660	am	(P-15753/98; A-5642)
240.1661	am	(P-15753/98; A-5642)
240.1665	am	(P-15753/98; A-5642)
240.1720	am	(P-15753/98; A-5642)
240.1800	am	(P-15753/98; A-5642)
300.130	am	(P-5378)
301.20	am	(P-4237)
301.30	am	(P-4237)
301.40	am	(P-4237)
301.60	am	(P-4237)
301.80	am	(P-4237)
305.10	r	(P-7736/98; A-4398)
305.20	r	(P-7736/98; A-4398)
305.30	r	(P-7736/98; A-4398)
305.40	r	(P-7736/98; A-4398)
305.50	r	(P-7736/98; A-4398)
305.60	r	(P-7736/98; A-4398)
305.70	r	(P-7736/98; A-4398)
305.80	r	(P-7736/98; A-4398)
305.90	r	(P-7736/98; A-4398)
305.100	r	(P-7736/98; A-4398)
305.110	r	(P-7736/98; A-4398)
305.120	r	(P-7736/98; A-4398)
305.130	r	(P-7736/98; A-4398)
305.140	r	(P-7736/98; A-4398)
312.10	n	(P-21140/98; A-6784)
312.20	n	(P-21140/98; A-6784)
312.30	n	(P-21140/98; A-6784)
312.40	n	(P-21140/98; A-6784)
312.50	n	(P-21140/98; A-6784)
312.60	n	(P-21140/98; A-6784)
312.70	n	(P-21140/98; A-6784)
312.80	n	(P-21140/98; A-6784)
312.90	n	(P-21140/98; A-6784)
312.100	n	(P-21140/98; A-6784)
315.10	n	(P-7770/98; A-2539)
315.20	n	(P-7770/98; A-2539)
315.30	n	(P-7770/98; A-2539)
315.40	n	(P-7770/98; A-2539)
315.45	n	(P-7770/98; A-2539)
315.50	n	(P-7770/98; A-2539)
315.60	n	(P-7770/98; A-2539)
315.70	n	(P-7770/98; A-2539)
315.80	n	(P-7770/98; A-2539)
315.100	n	(P-7770/98; A-2539)
315.110	n	(P-7770/98; A-2539)
315.120	n	(P-7770/98; A-2539)
315.130	n	(P-7770/98; A-2539)
315.140	n	(P-7770/98; A-2539)
315.150	n	(P-7770/98; A-2539)
315.160	n	(P-7770/98; A-2539)
315.200	n	(P-7770/98; A-2539)
315.210	n	(P-7770/98; A-2539)
315.215	n	(P-7770/98; A-2539)
315.220	n	(P-7770/98; A-2539)
315.225	n	(P-7770/98; A-2539)
315.230	n	(P-7770/98; A-2539)
315.235	n	(P-7770/98; A-2539)
315.240	n	(P-7770/98; A-2539)
315.245	n	(P-7770/98; A-2539)
315.250	n	(P-7770/98; A-2539)
315.300	n	(P-7770/98; A-2539)
315.305	n	(P-7770/98; A-2539)
315.310	n	(P-7770/98; A-2539)
316.10	n	(P-8597/98; A-2528)
316.10	n	(P-8597/98; A-2528)
316.10	n	(P-8597/98; A-2528)
316.20	n	(P-8597/98; A-2528)
316.30	n	(P-8597/98; A-2528)
316.40	n	(P-8597/98; A-2528)
316.50	n	(P-8597/98; A-2528)
316.60	n	(P-8597/98; A-2528)
316.70	n	(P-8597/98; A-2528)
316.80	n	(P-8597/98; A-2528)

Title 89 (cont'd)

316.90	n	(P-8597/98; A-2528)
316.100	n	(P-8597/98; A-2528)
316.110	n	(P-8597/98; A-2528)
316.120	n	(P-8597/98; A-2528)
316.130	n	(P-8597/98; A-2528)
316.140	n	(P-8597/98; A-2528)
328.1	am	(P-16691/98; A-5245)
328.2	am	(P-16691/98; A-5245)
328.3	am	(P-16691/98; A-5245)
328.4	am	(P-16691/98; A-5245)
328.5	am	(P-16691/98; A-5245)
328.100	n	(P-16691/98; A-5245)
328.110	n	(P-16691/98; A-5245)
328.120	n	(P-16691/98; A-5245)
328.130	n	(P-16691/98; A-5245)
328.140	n	(P-16691/98; A-5245)
360.3	am	(P-10941/98; A-854)
376.10	n	(P-19972/98; A-6791)
376.20	n	(P-19972/98; A-6791)
376.30	n	(P-19972/98; A-6791)
378.10	n	(P-19966/98; A-5673)
378.20	n	(P-19966/98; A-5673)
378.30	n	(P-19966/98; A-5673)
402.8	am	(P-2435)
411.10	n	(P-7621)
411.15	n	(P-7621)
411.20	n	(P-7621)
411.40	n	(P-7621)
411.45	n	(P-7621)
411.50	n	(P-7621)
411.55	n	(P-7621)
411.60	n	(P-7621)
411.65	n	(P-7621)
411.70	n	(P-7621)
411.75	n	(P-7621)
411.80	n	(P-7621)
411.85	n	(P-7621)
411.90	n	(P-7621)
411.95	n	(P-7621)
411.100	n	(P-7621)
411.105	n	(P-7621)
411.110	n	(P-7621)
411.115	n	(P-7621)
411.120	n	(P-7621)
411.125	n	(P-7621)
411.130	n	(P-7621)
411.135	n	(P-7621)
411.140	n	(P-7621)
411.145	n	(P-7621)
411.150	n	(P-7621)
411.155	n	(P-7621)
411.160	n	(P-7621)
411.165	n	(P-7621)
411.170	n	(P-7621)
411.175	n	(P-7621)
411.180	n	(P-7621)
411.185	n	(P-7621)
411.190	n	(P-7621)
411.195	n	(P-7621)
411.200	n	(P-7621)
411.205	n	(P-7621)
411.300	n	(P-7621)
411.305	n	(P-7621)
411.310	n	(P-7621)
411.315	n	(P-7621)
411.320	n	(P-7621)
411.400	n	(P-7621)
411.415	n	(P-7621)
411.420	n	(P-7621)
411.425	n	(P-7621)
411.430	n	(P-7621)
411.435	n	(P-7621)
411.440	n	(P-7621)
411.445	n	(P-7621)
411.450	n	(P-7621)
411.455	n	(P-7621)
411.460	n	(P-7621)
411.465	n	(P-7621)
411.500	n	(P-7621)
411.505	n	(P-7621)
411.510	n	(P-7621)
411.600	n	(P-7621)
411.605	n	(P-7621)
411.610	n	(P-7621)
411.615	n	(P-7621)
411.620	n	(P-7621)
411.625	n	(P-7621)
411.630	n	(P-7621)
411.700	n	(P-7621)
411.705	n	(P-7621)
411.710	n	(P-7621)
411.715	n	(P-7621)
411.720	n	(P-7621)
411.725	n	(P-7621)
411.730	n	(P-7621)
411.735	n	(P-7621)
411.740	n	(P-7621)
411.800	n	(P-7621)
411.Ap.A	n	(P-7621)
411.Ap.B	n	(P-7621)
411.Ap.C	n	(P-7621)
411.Ap.D	n	(P-7621)
411.Ap.E	n	(P-7621)

Title 89 (cont'd)

431.30	am	(P-7759/98; A-677)
431.60	am	(P-7759/98; A-677)
431.80	am	(P-7759/98; A-677)
431.85	am	(P-7759/98; A-677)
507.10	am	(P-7705) (E-7768)
508.10	n	(P-4347) (E-4468)
508.20	n	(P-4347) (E-4468)
508.30	n	(P-4347) (E-4468)
508.40	n	(P-4347) (E-4468)
508.50	n	(P-4347) (E-4468)
508.60	n	(P-4347) (E-4468)
508.70	n	(P-4347) (E-4468)
508.80	n	(P-4347) (E-4468)
508.90	n	(P-4347) (E-4468)
508.100	n	(P-4347) (E-4468)
508.110	n	(P-4347) (E-4468)
508.120	n	(P-4347) (E-4468)
508.130	n	(P-4347) (E-4468)
508.140	n	(P-4347) (E-4468)
508.150	n	(P-4347) (E-4468)
508.160	n	(P-4347) (E-4468)
508.170	n	(P-4347) (E-4468)
510.5	am	(P-7356)
510.10	am	(P-7356)
510.20	am	(P-7356)
510.30	am	(P-7356)
510.40	am	(P-7356)
510.50	am	(P-7356)
510.60	am	(P-7356)
510.70	r	(P-7356)
510.80	am	(P-7356)
510.90	am	(P-7356)
510.100	am	(P-7356)
510.110	am	(P-7356)
510.103	n	(P-7356)
510.105	am	(P-7356)
510.110	am	(P-7356)
510.115	n	(P-7356)
510.120	am	(P-7356)
512.10	n	(P-19504/98; A-7514)
512.20	n	(P-19504/98; A-7514)
512.130	n	(P-19504/98; A-7514)
515.100	am	(P-19157/98; A-3957)
515.110	am	(P-19157/98; A-3957)
515.120	am	(P-19157/98; A-3957)
515.130	am	(P-19157/98; A-3957)
515.140	am	(P-19157/98; A-3957)
515.150	am	(P-19157/98; A-3957)
515.400	am	(P-19157/98; A-3957)
515.410	am	(P-19157/98; A-3957)
515.420	am	(P-19157/98; A-3957)
515.440	am	(P-19157/98; A-3957)
515.610	am	(P-19157/98; A-3957)
515.620	am	(P-19157/98; A-3957)
515.640	am	(P-19157/98; A-3957)
527.10	am	(P-4359) (E-4531)
527.100	am	(P-4359) (E-4531)
553.20	am	(P-7389)
553.30	am	(P-7389)
553.35	am	(P-15881/98; A-1368) (P-7389)
553.40	am	(P-7389)
553.50	am	(P-7389)
553.70	am	(P-7389)
553.75	n	(P-7389)
553.76	n	(P-7389)
553.80	am	(P-15881/98; A-1368)
	r	(P-7389)
553.90	am	(P-15881/98; A-1368)
	r	(P-7389)
553.100	am	(P-15881/98; A-1368) (P-7389)
553.105	r	(P-7389)
553.110	am	(P-7389)
553.130	am	(P-6200) (E-6544)
553.140	am	(P-6200) (E-6544)
553.150	am	(P-6200) (E-6544)
557.10	am	(P-7383)
557.20	am	(P-7383)
557.30	am	(P-7383)
557.40	am	(P-14035/98; A-484) (P-7383)
557.50	am	(P-7383)
557.60	am	(P-7383)
562.20	am	(P-16410/98; A-1386) (P-7399)
562.30	am	(P-16410/98; A-1386) (P-7399)
562.Ap.A	n	(P-16410/98; A-1386) (P-7399)
567.20	am	(P-15894/98; A-1381)
567.30	am	(P-15894/98; A-1381)
567.100	am	(P-15894/98; A-1381)
572.20	am	(P-15912/98; A-1656) (P-7406)
572.30	am	(P-15912/98; A-1656) (P-7406)
572.50	am	(P-15912/98; A-1656) (P-7406)
572.60	am	(P-15912/98; A-1656) (P-7406)
572.70	am	(P-15912/98; A-1656)
572.80	am	(P-7406)
572.90	am	(P-15912/98; A-1656) (P-7406)
572.100	am	(P-15912/98; A-1656) (P-7406)
572.110	am	(P-7406)
590.230	am	(P-1216; A-7502)
590.260	am	(P-15918/98; A-201)
590.460	am	(P-1216; A-7502)
590.470	am	(P-15918/98; A-201)
590.470	am	(P-1216; A-7502)
590.480	am	(P-1216; A-7502)
590.490	am	(P-1216; A-7502)

Title 89 (cont'd)

590.660	am	(P-15918/98; A-201)
590.670	am	(P-15918/98; A-201)
617.10	am	(P-15887/98; A-1374)
617.20	am	(P-15887/98; A-1374)
617.30	am	(P-15887/98; A-1374)
617.55	am	(P-15887/98; A-1374)
650.130	am	(P-14073/98; A-507)
676.10	am	(P-47; A-6445)
676.20	am	(P-47; A-6445)
676.30	am	(P-47; A-6445)
676.40	am	(P-47; A-6445)
676.100	am	(P-47; A-6445)
676.110	am	(P-47; A-6445)
676.120	am	(P-47; A-6445)
676.130	am	(P-47; A-6445)
676.140	am	(P-47; A-6445)
676.150	am	(P-47; A-6445)
676.200	am	(P-47; A-6445)
676.300	am	(P-47)
676.310	am	(P-47; A-6445)
677.20	am	(P-17199/98; A-5072)
677.30	am	(P-17199/98; A-5072)
677.40	am	(P-17199/98; A-5072)
677.50	am	(P-17199/98; A-5072)
677.80	am	(P-17199/98; A-5072)
677.90	am	(P-17199/98; A-5072)
677.200	am	(P-17199/98; A-5072)
679.50	am	(P-1212; A-7492) (P-15899/98; A-1615)
681.20	am	(P-18154/98; A-3989)
681.30	am	(P-18154/98; A-3989)
681.60	am	(P-18154/98; A-3989)
682.100	am	(P-18146/98; A-3981)
682.200	am	(P-18146/98; A-3981)
682.240	am	(P-18146/98; A-3981)
682.260	am	(P-18146/98; A-3981)
682.300	am	(P-18146/98; A-3981) (P-5982)
682.400	am	(P-18146/98; A-3981)
682.410	am	(P-18146/98; A-3981)
682.500	am	(P-18146/98; A-3981)
682.510	am	(P-18146/98; A-3981)
684.10	am	(P-71; A-6547)
684.20	am	(P-71; A-6547)
684.30	am	(P-71; A-6547)
684.40	am	(P-71; A-6547)
684.50	am	(P-71; A-6547
684.70	am	(P-71; A-6547)
684.75	n	(P-7413)
684.80	am	(P-71; A-6547)
684.90	am	(P-71; A-6547)
684.100	am	(P-71; A-6547)
686.25	n	(P-14518/98; A-499)
686.250	n	(P-14518/98; A-499)
686.260	n	(P-14518/98; A-499)
686.270	n	(P-14518/98; A-499)
686.280	n	(P-14518/98; A-499)
686.1000	n	(P-59; A-6457)
686.1010	n	(P-59; A-6457)
686.1020	n	(P-59; A-6457)
686.1025	n	(P-59; A-6457)
686.1030	n	(P-59; A-6457)
686.1040	n	(P-59; A-6457)
686.1100	n	(P-59; A-6457)
686.1110	n	(P-59; A-6457
686.1200	n	(P-59; A-6457)
686.1210	n	(P-59; A-6457)
686.1300	n	(P-59; A-6457)
686.1310	n	(P-59; A-6457)
686.1400	n	(P-59; A-6457)
686.1410	n	(P-59; A-6457)
1200.20	am	(P-5486)
1200.30	am	(P-5486)
1200.40	am	(P-5486)
1200.50	am	(P-5486)
1200.60	am	(P-5486)
1200.70	am	(P-5486)
1200.80	am	(P-5486)
1200.100	am	(P-5486)
1200.110	am	(P-5486)
1200.Ap.A	am	(P-5486)
1200.Ap. B	am	(P-5486)

TITLE 92

386.1120	am	(P-19719/98; A-5128)
390.1010	am	(P-19694/98; A-5105)
390.1020	am	(P-19694/98; A-5105)
390.1030	am	(P-19694/98; A-5105)
390.2000	am	(P-19694/98; A-5105)
391.2000	am	(P-19724/98; A-5133)
392.2000	am	(P-19682/98; A-5093)
393.2000	am	(P-19714/98; A-5124)
395.2000	am	(P-19685/98; A-5096)
396.2000	am	(P-19690/98; A-5101)
397.1020	am	(P-19679/98; A-5090)
440.420	am	(P-5833/98; A-19354/98; RQ-4300; EC-5918)
445.Ap.B	am	(P-3933)
554.310	am	(P-15555/98; A-706)
554.407	am	(P-15555/98; A-706)
554.409	am	(P-15555/98; A-706)
554.422	am	(P-15555/98; A-706)
554.509	am	(P-15555/98; A-706)
554.518	am	(P-15555/98; A-706)

Title 92 (cont'd)

554.803	am	(P-15555/98; A-706)
1001.710	am	(P-16989/98; A-692)
1001.730	am	(P-16989/98; A-692)
1001.750	am	(P-16989/98; A-692)
1001.760	am	(P-16989/98; A-692)
1001.770	am	(P-16989/98; A-692)
1001.780	am	(P-16989/98; A-692)
1001.785	am	(P-16989/98; A-692)
1001.790	am	(P-16989/98; A-692)

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